

CLINIC APPLICATION COVER SHEET

Name _____ Phone _____

Email _____

Expected date of graduation _____ Cumulative GPA: _____

1. Clinics in which you have previously participated (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Judicial Clerkship | <input type="checkbox"/> Legislative Clinic |
| <input type="checkbox"/> Criminal Prosecution Clinic | <input type="checkbox"/> Public Policy Clinic |
| <input type="checkbox"/> Project for Innocence | <input type="checkbox"/> Media Law Clinic |
| <input type="checkbox"/> Legal Aid Clinic | <input type="checkbox"/> Elder Law Clinic |
| <input type="checkbox"/> Externship Clinic | <input type="checkbox"/> Tribal Law Clinic |

2. Clinics for which you are currently applying (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Judicial Clerkship | <input type="checkbox"/> Legal Aid Clinic |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall/Spring |
| <input type="checkbox"/> Fall/Spring | <input type="checkbox"/> Spring/Summer |
| | <input type="checkbox"/> Summer/Fall |
| <input type="checkbox"/> Criminal Prosecution Clinic | |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Legislative Clinic (Spring only) |
| <input type="checkbox"/> Fall/Spring | <input type="checkbox"/> Public Policy Clinic (Fall only) |
| <input type="checkbox"/> Project for Innocence | <input type="checkbox"/> Media Law Clinic (Spring only) |
| <input type="checkbox"/> Summer | |
| <input type="checkbox"/> Fall/Spring | <input type="checkbox"/> Externship Clinic |
| <input type="checkbox"/> Elder Law Clinic (Fall/Spring only) | <input type="checkbox"/> Fall |
| | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Tribal Law Clinic | <input type="checkbox"/> Summer |

** In addition to this cover sheet, please fill out the application(s) for the individual clinic(s) for which you are applying.

Family Health Care Legal Services Clinic
Application for Fall/Spring 2010-2011

Applications are due prior to enrollment. Priority will be given to applications completed by Monday, March 8, 2010. We have a limit of 12 students. Priority also will be given to 3L students.

Name _____ Phone _____

E-mail _____

Expected date of graduation _____

Describe your reasons for wishing to participate in the clinic.

Have you participated in other law school clinics? (Do you plan to?)

List other commitments you will have during your participation in the clinic (include extracurricular activities, part-time jobs and the number of hours each will consume).

**PLEASE RETURN WHEN COMPLETED TO PROFESSOR LEONARD'S MAILBOX
IN ROOM 202.**