

## 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"/> Defender Project            | <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"/> Legislative Clinic (Spring only) |
| <input type="checkbox"/> Summer                              | <input type="checkbox"/> Public Policy Clinic (Fall only) |
| <input type="checkbox"/> Fall/Spring                         | <input type="checkbox"/> Media Law Clinic (Spring only)   |
| <input type="checkbox"/> Defender Project                    | <input type="checkbox"/> Externship Clinic                |
| <input type="checkbox"/> Summer                              | <input type="checkbox"/> Fall                             |
| <input type="checkbox"/> Fall/Spring                         | <input type="checkbox"/> Spring                           |
| <input type="checkbox"/> Elder Law Clinic (Fall/Spring only) | <input type="checkbox"/> Summer                           |
| <input type="checkbox"/> Tribal Law Clinic                   |   |

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