

Legal Aid Clinic Application Form

Name: _____	Interview date/time: _____
Address: _____	_____
_____	Expected date of graduation: _____
Telephone: _____	_____
E-mail: _____	Cumulative GPA: _____
_____	_____

Law School courses (indicate your grade if you have already taken the course, or place an "X" if you are currently enrolled in the course)

<i>Required courses</i>	<i>Suggested courses</i>
_____ Trial Advocacy	_____ Advanced Litigation
_____ Evidence	_____ Bankruptcy
_____ Professional Responsibility	_____ Public Benefits Law

Will your schedule in Law School and elsewhere permit you to devote a minimum of **ten** hours per week to the Legal Aid Clinic?

Indicate the two consecutive semesters in which you wish to enroll:

Summer & Fall	_____
Fall & Spring	_____
Spring & Summer	_____

Provide a brief statement regarding your desire to participate in the Legal Aid Clinic.

List any previous legal experience.

List your previous work experience.

List any commitments, outside of the Law School, which you will have during the semesters you will be participating in the Legal Aid Clinic.

List references (provide names, titles, places of employment, telephone numbers, and e-mail addresses). They will be contacted.

AFTER YOU HAVE COMPLETED THIS APPLICATION, PLEASE RETURN IT TO ROOM 105 TOGETHER WITH A COPY OF YOUR LAW SCHOOL TRANSCRIPT TO SET UP A MEETING.

Date received: