

## 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"/> 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"/> Project for Innocence               | <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.