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):

___ Judicial Clerkship                               ___ Legislative Clinic

___ Criminal Prosecution Clinic                     ___ Public Policy Clinic

___ Project for Innocence                            ___ Media Law Clinic

___ Legal Aid Clinic                                 ___ Elder Law Clinic

___ Externship Clinic                                ___ Tribal Law Clinic

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

___ Judicial Clerkship                               ___ Legal Aid Clinic

    ____ Summer                                        ____ Fall/Spring

    ____ Fall/Spring

___ Criminal Prosecution Clinic                     ___ Legislative Clinic (Spring only)

    ____ Summer                                        ____ Spring/Summer

    ____ Fall/Spring

___ Project for Innocence                            ___ Public Policy Clinic (Fall only)

    ____ Summer                                        ____ Spring/Summer

    ____ Fall/Spring

___ Elder Law Clinic (Fall/Spring only)              ___ Media Law Clinic (Spring only)

___ Tribal Law Clinic                                ___ Externship Clinic

    ____ Fall

    ____ Spring

    ____ Summer

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

Number of Clinical Credit Hours Sought: _____

Student Information
Name: 
Address: 
Phone: 
E-mail: 

Externship Information
Agency or Organization: 

Supervising Attorney: 
Title: 
Address: 
Phone: 
E-mail: 

Hours of work per week: 
Number of weeks: 

Start Date: 

Will you receive compensation of any kind from any source, including scholarship assistance, in connection with this externship? __________

Have you previously been employed for pay at this agency or organization? __________

Do you have an offer of paid employment at this agency or organization following this externship? __________
Attach the following to this application:

1. A separate statement that fully addresses:
   a. How the externship relates to and advances your plans for your legal education.
   b. Other experiences or interests you believe are relevant to the placement (i.e., work experience, life experience, career goals).
   c. Your anticipated specific responsibilities at this placement.

2. A current resume.
3. A current unofficial transcript.
4. A list of all courses you anticipate taking during the semester(s) of the externship.

The information above and in the attachments is true to the best of my knowledge.

Signed: ________________________________  Date: ________________