

Legal Aid Clinic Application

Name:		Telephone:					
Ac	ddress:						
Email:		KU-username:					
F	Please compl	Requirements lete the blanks to indicate you have reviewed each requirement and will be in compliance at the beginning of your clinic semester.					
✓		ansas requires completion of 44 credit hours in law school before a student may practice under a clinic supervised by faculty. Please indicate how many hours you will have completed before begins.					
✓		vidence, Trial Advocacy and Professional Responsibility are required. Please initial that you will nese before your clinic begins (Trial Advocacy may be a co-requisite with permission).					
✓		st the following courses to acquaint you with some or all of our subject matter. Please check if aken or plan to take any of the following classes either before or during your clinic experience:					
	☐ Pretri ☐ Adva ☐ Crimi	nile Law ial Advocacy Inced Litigation Inced Litigation Inced Litigation Inced Litigation Inced Litigation Inced Litigation Inced Placement (which one?) Inal Procedure Inal Practice in Kansas					
✓	work, reflec	s this is a 6-hour clinic, it will require a minimum of 19 hours of your time each week (for case ctive writing, class preparation and class meetings). Please initial that you are able to commit at ours per week to clinic work.					
✓	hours (com Note that or advocacy)	The School of Law caps all clinic and field placement experiences at a maximum of 16 credit hours (combined). Note that the Project for Innocence fieldwork counts, but the related seminar does not. Note that other courses that qualify for the "experiential" designation (such as simulations, moot court, trial advocacy) do NOT count towards this cap. Please review your transcript and initial that taking this clinic winot cause you to exceed the 16-credit clinic and field placement credit cap.					
✓	mornings.	te that our court appearances tend to be on late Wednesday afternoons and Friday If you are unable to commit to being available for court at those times, please discuss linic faculty during your interview. It will impact your ability to represent clients.					

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Interest and Background

Please indicate the semester(s) and year(s) in which you wish to enroll.							
Fall	Spring	Summer					
Please tell us why	γ you would like to p	participate in the Lega	ıl Aid Clinic.				
experience that is a 2L seeking to	not included in you participate in the S	ır resume, please des Spring semester, ple	gal and other work expe scribe it here or attach a ase describe in detail have very limited sp	an additional sheet. any experience th	If you are at may		
Room 105, dr		Clinic mailbox in the r	transcript and return th main administration offi				
		meeting with the clinic mitted before the med	c faculty. You may sche eting.	dule your meeting a	at any time		
	or to discuss any qu Dku.edu and/or msc		please contact us via e	mail or stop by Roor	m 105:		