

Clinical Programs Application Form (2017-2018)

(This is a supplemental form to each Clinic’s own application form and does not replace each Clinic’s application form)

Student Name: _____

Current Year of Study: _____

Date: _____

Please fill out one identical copy of this form for each clinic to which you are applying, in addition to any of the specific application materials required by each clinical program. **FOR SUMMER CLINICS DO NOT USE THIS FORM.**

Students will not be approved for more than 16 credits of clinical courses in any one academic year.

I am applying this year to the following programs for 2017-18: (Please rank your choices with 1 being your first choice. Leave blank the spaces next to clinics that you do not wish to be considered for. Do not use the same ranking for more than one clinic.)

Clinic	Term 1	Term 2
INNOCENCE PROJECT (9) (FULL YEAR)		
CRIMINAL CLINIC (6) (TERM 2 ONLY)	N/A	
RISE WOMEN’S LEGAL CLINIC (15)		
BUSINESS LAW CLINIC (6)		
INTERNATIONAL JUSTICE & HUMAN RIGHTS CLINIC (11) (FULL YEAR)		
INDIGENOUS COMMUNITY LEGAL CLINIC (15)		
JUDICIAL EXTERNSHIP (16)		
LAW STUDENTS’ LEGAL ADVICE PROGRAM (6)		

I intend to try out for a competitive moot team for 2017-18: **YES** **NO**