

CRIMINAL DEFENSE CLINIC

(Law 587)

Instructors: Michael Romano, Galit Lipa
Application for **Winter 2010, Spring 2010**

Name: _____ Year of Graduation/Degree: _____

E-mail: _____

Address: _____ Phone: (_____) _____

Please indicate the quarters for which you are applying to this particular clinic:

Winter 2010 Spring 2010 Both

If both, please indicate whether you have a preference between these quarters:

Winter 2010 Spring 2010 No Preference

Have you taken another Clinic? _____ If so, which one and when? _____

Total number of clinical credits taken as of the end of the Fall 2009 term: _____

Application Information: Please respond to the following questions on separate sheet(s) of paper. **Please also attach a copy of your resume.**

- Why are you interested in enrolling in the Criminal Defense Clinic?
- Please list prior relevant course work and work experience. Prior experience in criminal law, criminal justice policy, or appellate practice is preferred but not required.
- Include any other information you feel is relevant.

(Print) _____ (Sign) _____ (Date) _____

To apply, please place an original and two copies of this application including any attachments and one preference form in the application tray at the clinic office front desk by NOON on Wednesday, November 5. Application materials not containing the requisite number of copies will be returned.