

CRIMINAL DEFENSE CLINIC
Instructor: Galit Lipa
Application for **Winter 2012 / Spring 2012**

Name: _____ Year of Graduation/Degree: _____

E-mail: _____ SID # _____

Address: _____ Phone: (_____) _____

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

Winter 2012 Spring 2012 Both

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

Winter 2012 Spring 2012 No Preference

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

Are you applying to the advanced clinic for the Fall 2011 quarter? Y N Quarter in which basic clinic was completed: _____

Total number of clinical credits taken as of the end of the Spring 2011 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. Courses in Criminal Procedure and Evidence are preferred but not required.
- Please discuss prior relevant work or life experience(s) and how you think the experience(s) may have helped prepare you for the Criminal Defense Clinic.
- Include any other information you feel is relevant.

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

To apply, please place an original and one copy of this application including any attachments in the application tray at the clinic office front desk. The deadline to apply will be announced.