

# Field Placement Clinic Application Form

Clinic name: \_\_\_\_\_ Semester and year: \_\_\_\_\_

Student name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_

How many units will you have completed by the time you plan to take the clinic course? \* \_\_\_\_\_

*\*You must complete 29 units prior to beginning the clinic.*

For how many units do you plan to take this clinic? \* \_\_\_\_\_

*\*Students may enroll in 2-4 units per term, for a maximum of 13 units. Most clinic require that you work 45 hours/unit for a minimum of 10 weeks during fall or spring terms or 8 weeks during the summer term. Please refer to the Clinic Handbook, available on the clinic webpage, for more information.*

Have you applied  or been accepted  to a clinical placement?    Yes     No

If no, please consult with Law Career Services and/or the instructor for assistance.

If yes, please complete the following:

Supervising Attorney:	Title:
Organization Name	
Address:	
Email address:	
Sup. Attorney Phone #:	Fax #:

Please indicate your practice area(s) of interest:

Please list any courses that you have taken that are relevant to your placement interest:

Course	Semester and Year	Instructor

Have you completed any other clinics or externships during law school? If yes, please indicate:

Clinic/Externship	Semester and Year	Number of Units

**I understand that the instructor has the discretion to make final selections for each clinic.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please return this *application* and a current *resume* to the instructor of the clinic in which you wish to enroll. You may email the instructor directly or deliver a hard copy to the Registrar. Instructors and their contact information are listed in the Course Schedule. Please contact the instructor to confirm enrollment and approval of the placement.