***APPLICATION***

***SMU DEDMAN SCHOOL OF LAW LEGAL CLINICS***

***Please complete this Application in MS Word ONLY then upload to PerunaPro via***

<https://smu-law.12twenty.com/job-postings/35006701868800>

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION DURING SEMESTER BREAK: PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of hours expected to be completed by end of FALL 2022:** Check one: \_\_70 or more \_\_53 to 70 \_\_ 44 to 52 \_\_29 to 43

***Please rank your choice of Clinic: 1 is first choice, 2 is second choice, etc.:***

|  |  |  |
| --- | --- | --- |
| **Clinic** | **SPRING 2023** | **SUMMER 2023** |
| **W.W. Caruth, Jr., Child Advocacy Clinic** |  |  |
| **Civil/Consumer Clinic** |  |  |
| **Criminal Justice Clinic** |  |  |
| **First Amendment Clinic** |  |  |
| **Hunter Legal Center for Victims of Crimes Against Women** |  |  |
| **Patent Law Clinic\*** additional application is required |  |  |
| **Small Business & Trademark Clinic** |  |  |
| **Tax Clinic** |  |  |
| **VanSickle Family Law Clinic** |  |  |

**STATEMENT OF ELIGIBILITY: Please read, initial, and sign below**

If you have previously enrolled in a Clinic, which program and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ] Initials** I am not on academic probation at the time of pre-registration.

**[ ] Initials** I will have completed 29 credits (One-third of my academic course work) and all of my first year course work by the end of the FALL 2022 semester.

**[ ] Initials** By the end of the FALL 2022 semester, I will have fulfilled the requirements for each of the Clinics I have ranked above.

|  |  |  |
| --- | --- | --- |
| **Clinic** | **Prerequisites/\*Co-Requisites (can take in same semester enrolled in clinic)** | **Dates for Mandatory****Orientation**  |
| **W.W. Caruth, Jr. Child Advocacy Clinic** | Evidence\* | T, Jan. 3, 12-4pW, Jan. 4, 9a-5p |
| **Civil/Consumer Clinic** | Professional Responsibility\* | T, Jan. 3, 9:30a-4pW, Jan. 4, 10a-2p |
| **Criminal Clinic** | Professional Responsibility\*Evidence and Texas Criminal Procedure (recommended only) | T and W, Jan. 3-4, ALL day both days |
| **First Amendment Clinic** | Evidence and Constitutional Law II (recommended only) | W, Jan. 4, 2-5p |
| **Hunter Legal Center for Victims of Crimes Against Women** | Professional Responsibility\*Evidence and Family Law (recommended only) | T and W, Jan. 3-4 |
| **Patent Law Clinic** | See Patent Clinic Flyer for Requirements  | T, Jan. 3, 9a-3p |
| **Small Business & Trademark Clinic** | Business Enterprise Forming & Operating Closely-Held Businesses (recommended only) | T, Jan. 3, 9a-3p |
| **Tax Clinic** | Federal Income Tax | W, Jan. 4, 9a-12p |
| **VanSickle Family Law Clinic** | Professional Responsibility\* | T, Jan. 3, 9a-5pW, Jan. 4, 9a-2p |

**[ ] Initials** For the Patent Clinic, if you have ranked Clinic above, please also complete the separate Patent Clinic Application ***in addition to*** this Application. **Both must be submitted through PerunaPro,** <https://smu-law.12twenty.com/job-postings/35006701868800>,  **by 8:00 a.m. on Tuesday, October 25th, 2022.**

**[ ] Initials** I understand that if I’ve had prior Clinic experience at SMU Legal Clinics or at another school, I may not pre-register for Clinic at this time. Instead, my name will be placed on a waiting list and will not be drawn until all students without Clinic experience have been drawn.

**[ ] Initials** I understand that if I have to DROP a Clinic in which I am enrolled, that I must receive permission from the clinic director **no later than 5:00 p.m., Monday, December 5, 2022.**

By signing below, you certify that the information stated above is true and correct, that you have met the applicable prerequisites and are eligible for enrollment, and that you have read the included instructions regarding registration for Clinics.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ SMU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_