***APPLICATION***

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

***Please complete this Application in MS Word ONLY then upload to Symplicity* ID # 17104**

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

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

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

**SEMESTER BREAK ADDRESS:** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Did you enter Law School as a day student or as an evening student?** Check one: \_\_\_\_\_\_\_\_\_\_\_ DAY \_\_\_\_\_\_\_\_ EVENING

**Number of hours expected to be completed by end of Spring 2019:** Check one: \_\_\_\_\_ 70 or more \_\_\_\_\_\_\_ 53 to 70 \_\_\_\_\_ 44 to 52

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

|  |  |  |
| --- | --- | --- |
| **Clinic** | **SUMMER 2019** | **FALL 2019** |
| **W.W. Caruth, Jr., Child Advocacy Clinic** |  |  |
| **Civil/Consumer Clinic** |  |  |
| **Criminal Clinic** |  |  |
| **Innocence Clinic** |  |  |
| **Patent Law Clinic\*** additional application is required |  |  |
| **Small Business & Trademark Clinics** |  |  |
| **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 44 credits (50% of my academic course work) and all of my first year course work by the end of the spring 2019 semester.

**[ ] Initials** By the end of the Spring 2019 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)** | **Mandatory**  **Orientation** |
| **W.W. Caruth, Jr. Child Advocacy Clinic** | Evidence\* | Fall: 8/16/19 |
| **Civil/Consumer Clinic** | Professional Responsibility\* | Summer: 5/20/19  Fall: 8/15-16/19 |
| **Criminal Clinic** | Evidence\* | Fall: 8/15-16/19 |
| **Innocence Clinic** | Evidence\* | Fall: TBA |
| **Patent Law Clinic** | See Patent Clinic Flyer for Requirements | Fall: 8/16/19 |
| **Small Business & Trademark Clinics** | 1) Business Enterprise  2) Forming and Operating Closely-Held Businesses (recommended only) | Summer: TBA  Fall: 8/16/19 |
| **Tax Clinic** | Federal Income Tax | Summer: 5/17/19  Fall: 8/16/19 |
| **VanSickle Family Law Clinic** | Professional Responsibility\* | Fall: 8/16/19 |

**[ ] Initials** For the Patent Clinic, if you are including this Clinic in your lottery list of clinics, please complete the separate Patent Clinic Application ***in addition to*** this general Lottery application. **Both must be submitted through** Symplicity # 17104.

**[ ] 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: SUMMER Term: Monday, May 6, 2019, by 5:00 p.m. / FALL Term: Monday, August 5, 2019, by 5:00 p.m.**

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 pre-registration for Clinics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date SMU ID Number