

All students registering for a clinical course must complete this form and submit it during the Clinic Registration period. Please note: This form serves as the sole registration for a clinic. Clinics are unavailable for online registration

PART ONE:

Name: _____ Address: _____

Year & Division Next Semester: Day Eve SPT DPT 2 3 4 5 Day Phone # _____

1. Clinic for which you are applying (**check only one**) (Please see online list of pre & co-requisite courses required for these clinics.)

| | | |
|--|--|--|
| <input type="checkbox"/> ADMINISTRATIVE LAW CLINIC AD-900-D-02 | <input type="checkbox"/> CRIMINAL PROCEDURE II CLINIC CR-900-T-03 For Seniors Only | <input type="checkbox"/> FAMILY LAW CLINIC FL-900-D-02 |
| <input type="checkbox"/> GOVERNMENT LAWYER * GL-900-D-04 | <input type="checkbox"/> HEALTH LAW CLINIC HL-900-D-02 | <input type="checkbox"/> IMMIGRATION LAW CLINIC IM-900-D-02 |
| <input type="checkbox"/> LAND USE CLINIC LU-900-D-02 | <input type="checkbox"/> MASS PRACTICE CLINIC MP-900-D-02 | <input type="checkbox"/> MEDIATION & DISPUTE RESOLUTION CLINIC ME-900-D-02 |
| LAWYERING PROCESS <input type="checkbox"/> PL-900-E-03* Part-time Students only <input type="checkbox"/> PL-900-E-04 <input type="checkbox"/> PL-900-T-06 | <input type="checkbox"/> TAX CLINIC TX-900-D-03 | |

- For the **Federal Courts Clinic** submit transcript, resume & writing sample to Clinic Office **by October 28, 2011**
- For **Honors Judicial Clerkship Program**, See Professor Sorenson after reading the Online Registration Manual
- **Background checks are required in the Federal Courts, Government Lawyer Clinics and other placements**

PART TWO:

2. Have you ever taken a clinical course before (including Honors Judicial Clerkship and International Externships)?
 Yes No If so, which course: _____ Which year and semester? _____

3. Have you ever applied for admission to a clinical course and been excluded from it by lottery or other selection process?
 Yes No If yes, which course? _____ Which year and semester? _____

4. Can you speak a language other than English? Yes No If so, which language(s): _____

5. If you expect to arrange your own placement for your clinic, please notify Prof. Engler at rengler@nesl.edu.

6. Will you be employed during the period in which you are taking a clinic? Yes No

If yes, where: _____

7a. Have you ever been convicted of a felony? Yes No

7b. Has any criminal proceeding of any kind been brought against you, whether currently pending or resolved, since you submitted your application to New England Law | Boston or that you did not include in your application for admission? Yes No

7c. Are you a named party in any pending litigation? Yes No

**** Student Signature:** _____ **Date** _____

Note: If you have answered "Yes" to question 7a, 7b or 7c, please contact Professor Engler, at rengler@nesl.edu since your clinic options may be affected.