DePaul University College of Law Legal Clinics
Application Cover Sheet
Spring 2013 Semester

Name:
Phone Number:
E-mail Address:
Current Year in school:
DePaul ID Number:

Have you taken a clinic before? Yes__ No__
If so, what semester and which clinic(s)? ____________________________________________________

Please feel free to apply to one clinic, however, if you apply for more than one clinic, please list your choices below in order of preference.

<table>
<thead>
<tr>
<th>Name of Clinic</th>
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<tbody>
<tr>
<td>1st Choice</td>
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<tr>
<td>2nd Choice</td>
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<tr>
<td>3rd Choice</td>
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</table>

Clinic applicants should fill out only one Cover Sheet, regardless of the number of clinics to which they are applying. This Cover Sheet must accompany the Individual Clinic Application to be accepted as a completed application. Please return electronic applications to Mary Bandstra, legal clinic coordinator, at DePaulLegalClinic@depaul.edu OR hard copy application to Mary Bandstra at the front desk of the Legal Clinic office, 14 East Jackson Boulevard, Suite 100.

The Legal Clinic will begin processing applications received by Friday, November 2 at 5:00pm on a first-received, first-reviewed basis.
Name: _______________________________________________________________
Address:  ______________________________________________________________
Telephone: Home _____________________ Cell ____________________________
Preferred e-mail:  __________________________________________
DePaul Student ID Number:  _______________________________________
Address over the summer (if different):  ______________________________________
Telephone over the summer (if different):  ____________________________________
Are you a Day _____ or Evening _______ Student?
When will you graduate?  Month ______________ Year _______.
Are you applying for any Certificate Program?  ______ If yes, which?  _____________
Have you taken any other Asylum & Immigration Clinic Courses?  If so, which?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________.
Describe any previous experiences you have had with immigrant or refugee populations.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________.
List any courses you have taken that you think are relevant to the work of the Clinic:
______________________________________________________________________
______________________________________________________________________.
Describe any skills, attributes or interests you feel will contribute to your own experience
in the Clinic or that or your classmates and clients in the program.
______________________________________________________________________
______________________________________________________________________.

* The Advanced Immigrant Detainee Clinic has prerequisites. Specifically, applicants must have taken
either 1) the semester-long immigration law clinic, and/or 2) the year-long asylum & immigration clinic.
Some applicants with extensive knowledge and practice in immigration law will be considered despite not
having fulfilled the prerequisites.
Please list the extra-curricular activities (journals, moot court, etc.) that you will be involved in next semester, as well as any plans you may have to work or enroll in an externship next semester. ________________________________________________________________

(Please note, there may be some conflicts between your work or externship and clinic work).

If you plan to work, how many hours per week do you plan to work? ______ . Will you have flexibility in scheduling those hours? Yes _____ No _____.

The clinic requires a minimum time commitment of approximately 10-15 hours per week of seminar and field work, and possibly more hours when cases demand it. Do you have any uncertainty about whether you will be able to make this time commitment? Yes _____ No _____.

Have you enrolled in any other clinical course at the law school? Yes _____ No _____.
If yes, which? ____________________________

Are you applying for any other clinical course at the law school this semester? Yes _____ No _____.
If yes, which is your first choice? ____________________________

Do you speak a language other than English? Yes _____ No _____.
If yes, which languages? ____________________________________________
Fluency level ____________________________________________.

Clinic work sometimes requires student to work over vacations or semester breaks. Is there any reason you would not be available, when necessary, for case-related work? Yes _____ No _____.

Is there any other information you would like to tell us that bears upon the selection of students for this course? __________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I, ______________________________, have read and completed this application and have answered the questions fully and frankly, and the answers to the questions are true to my knowledge. I understand that I am under a continuing duty to inform the supervising professor faculty of any matter that affects any of the answers on this application.

_____________________________   ____________________________
Signature      Date

Please submit the completed application with a current résumé.