***APPLICATION***

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

***Please complete this Application in MS Word ONLY then upload to***: <https://smu-law.12twenty.com/job-postings/35006703711465>.

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

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

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

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

Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed all first-year courses: \_\_\_\_\_ YES \_\_\_\_\_ NO

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

|  |  |  |
| --- | --- | --- |
| **Clinic** | **SPRING 2025** | **SUMMER 2025** |
| **Civil/Consumer Clinic** |  |  |
| **Criminal Justice Clinic** |  |  |
| **First Amendment Clinic** |  |  |
| **Hunter Legal Center for Victims of Crimes Against Women** |  |  |
| **Innocence Clinic** |  |  |
| **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 previously enrolled in a Clinic, which program and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Initials I am not on academic probation at the time of pre-registration. Students who entered law school in 2023 must have GPA of 2.3 or above; students who entered in 2022 must have GPA of 2.0 or above.

[ ] Initials I will have completed all first-year courses required for graduation by the end of the FALL 2024 semester.

[ ] Initials By the end of the FALL 2024 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**  |
| **Civil/Consumer Clinic** | Professional Responsibility\* | Tues. & Wed., Jan. 7 & 8 |
| **Criminal Clinic** | Professional Responsibility\*Evidence and Texas Criminal Procedure (recommended only) | Tues. & Wed., Jan. 7 & 8 |
| **First Amendment Clinic** | Evidence and Constitutional Law II (recommended only) | Wed., Jan. 8 |
| **Hunter Legal Center for Victims of Crimes Against Women** | Professional Responsibility\*Evidence and Family Law (recommended only) | Tues. & Wed., Jan. 7 & 8 |
| **Innocence Clinic** | Evidence\* | Wed., Jan. 8 |
| **Patent Law Clinic** | See Patent Clinic Flyer for Requirements  | Wed., Jan. 8 |
| **Small Business & Trademark Clinic** | Business Enterprise Forming & Operating Closely-Held Businesses (recommended only) | Wed., Jan. 8 |
| **Tax Clinic** | Federal Income Tax\* | Wed., Jan. 8 |
| **VanSickle Family Law Clinic** | Professional Responsibility (recommended)Family Law (recommended) | Tues. & Wed., Jan. 7 & 8 |

**[ ] Initials** If you ranked the Patent Clinic above, please also complete the separate Patent Clinic Application ***in addition to*** this Application. **Both must be submitted through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by 7:00 a.m. on Wednesday, October 30, 2024.**

**[ ] 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 must 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 9, 2024.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REV:10-18-24