

**CHILDREN'S RIGHTS CLINIC
STUDENT APPLICATION –Spring 2010**

DATE OF APPLICATION: _____

NAME: _____
(Complete name as registered with University)

NAME: _____
(What you want us to call you)

ADDRESS IN AUSTIN: _____

TELEPHONE: Cell _____ Home _____ Work _____

EMAIL ADDRESS: _____

UT EID _____ DATE WILL GRADUATE FROM LAW SCHOOL: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER _____

EMERGENCY CONTACT _____

UNDERGRADUATE COLLEGE/UNIVERSITY: _____

MAJOR: _____ YEAR GRADUATED _____

DO YOU SPEAK SPANISH? _____ IF SO, HOW WELL? _____

ANY OTHER LANGUAGES? _____

DO YOU WANT RESPONSIBILITY FOR MAJOR TRIAL ON THE MERITS? Yes _____ No _____

CHECK COURSES COMPLETED:

_____ Tex. Civ. Pro. I or II	_____ Trial Ad/Masters	_____ Children's Law
_____ Evidence	_____ Mediation	_____ Family Law

DO YOU HAVE ANY PREVIOUS EXPERIENCE OR EDUCATION RELATED TO CHILDREN OR THEIR LEGAL RIGHTS?

HAVE YOU TAKEN ANOTHER CLINIC? IF SO, WHICH ONE? ARE YOU REGISTERING FOR ANOTHER CLINIC OR INTERNSHIP CONCURRENTLY WITH THE CHILDREN'S RIGHTS CLINIC?

ARE YOU WORKING THIS SEMESTER? IF SO, NAME OF EMPLOYER AND WORK SCHEDULE?

APPLICATION MUST BE SUBMITTED TO CAROL CAMPBELL
(ccampbell@law.utexas.edu) NO LATER THAN 5PM FRIDAY, OCTOBER 9, 2009.