

**MENTAL HEALTH CLINIC**  
**PROFESSOR CHURGIN**  
**STUDENT APPLICATION FORM**  
**SPRING 2010**

APPLICATIONS ARE TO BE SUBMITTED TO MICHAEL CHURGIN  
(mchurgin@law.utexas.edu) NO LATER THAN 5PM FRIDAY, OCTOBER 9, 2009.

DATE OF APPLICATION \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS IN AUSTIN: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

EMAIL ADDRESS (please print legibly): \_\_\_\_\_

**HAVE YOU TAKEN EVIDENCE?**

**CLASSES WILL BE MONDAY AND WEDNESDAY FROM 3:30-5: HEARINGS WILL BE WEDNESDAY MORNINGS AT 8:30 AND THURSDAY AFTERNOONS AT 1:30 BEGINNING MID-FEBRUARY, BUT IT IS UNLIKELY YOU WILL HAVE A HEARING EVERY WEEK.**

**WHY ARE YOU TAKING THIS CLINIC?**

**DO YOU HAVE ANY PREVIOUS EXPERIENCE OR EDUCATION RELATED TO PERSONS WITH MENTAL ILLNESS?**

**HAVE YOU TAKEN ANOTHER CLINIC? IF SO, WHICH ONE?**

**ATTACH A COPY OF YOUR TRANSCRIPT.**