First Name: ________________  Last Name: _______________  Student ID: ___________

Primary Telephone Number: ___________  Anticipated Date of Graduation: ____________

E-mail: ___________________@umassd.edu  Date: __________  Semester: _______________

Have you completed 60 or more credits?   _____ Yes  _____ No

Are you on academic probation?  _____ Yes  _____ No

Please check whether you have taken the following pre-requisite course required for this Clinic:
Criminal Procedure (Law 521)   Yes_____

Please check whether you have or will be taking the following pre or co-requisite courses required for this Clinic:
Ethics (Law 525)   Yes_____  / Taking Concurrently _____

Evidence (Law 576) OR Trial Practice (Law 620)   Yes_____  / Taking Concurrently_____

Please check any Clinic, Field Placement, or Practice course you have previously taken?
If none, please check here. ______

___ Community Development Clinic  ___ Mashpee Wampanoag Legal Services Clinic
___ Immigration Law Clinic  ___ Legal Services Clinic
___ Field Placement Program________________________ (List Placement Location)
___ Coordinated Field Placement Program______________ (List Supervising Professor)
___ Trial Practice  ___ Immigration Practice  ___ Probate and Juvenile Practice
___ Land Use Regulation  ___ MA Probate Practice  ___ MA Worker’s Compensation
___ Family Law Practice  ___ Criminal Pre-Trial Practice
___ Alternative Dispute Resolution
___ Interviewing, Counseling, Negotiation & Fact Investigation Practice

Please attach a brief statement (250 words or fewer) describing why you want to enroll in the Criminal Prosecution Clinic. Include what skills, values, and experiences you hope to gain.