

**University of Massachusetts School of Law - Dartmouth**  
**UMass Law Clinical Programs**

**State Attorney General's Office Clinic**  
**STUDENT APPLICATION**

(Updated 10/06/2025)

*Please return this completed form to the Law Enrollment Center (LEC) to be considered for enrollment in the State Attorney General's Office Clinic at UMass Law. Please note that there are additional enrollment requirements, such as submitting a separate general clinical programs application form to the LEC and meeting prerequisite/co-requisite course requirements.*

*This Student Application is a request to enroll in this clinic during the (check one and fill in the year of the semester that you are applying to enroll in) ☐ Fall ☐ Spring Year: \_\_\_\_\_*

**Contact Information**

Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_

UMass Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Does this phone have a private voicemail? (Check one): ☐ Yes ☐ No

Secondary Telephone Number (if applicable): \_\_\_\_\_

Other Contact Information (if applicable): \_\_\_\_\_

**Education and Experience**

UMass Law Class Year (check one): ☐ 2L ☐ 3L ☐ 4L

UMass Law Program (check all applicable): ☐ Day ☐ Evening ☐ Full-Time ☐ Part-Time

Expected Date of Graduation from UMass Law? \_\_\_\_\_

Undergraduate College and/or Graduate School Name and Major/Degree (as applicable):

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Are you a Joint Degree candidate? (Check one): ☐ Yes ☐ No

If yes, with which other school? \_\_\_\_\_

Have you taken a Clinic before? (Check One): ☐ Yes ☐ No

If yes, please list:

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Why do you want to participate in the State Attorney General's Office Clinic and what do you hope to get out of your clinic experience?

[illegible]

Do you expect to participate in any additional activities outside of your normal law school courses during your enrollment in the Clinic that will require an extensive time commitment (e.g. work, law review, student organizations)? If so, please describe these activities and how you plan to balance this time commitment with your clinic obligations. Once you are accepted into clinic you may not add additional unpaid or paid work to your schedule without the approval of the clinic liaison, Ruth Lavache.

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Please attach a copy of your resume that includes your work and volunteer history for the last five years.

In most semesters, applicants will be interviewed as part of the application process.

Once you accept a clinic, you will be unable to withdraw absent serious circumstances. You will need the permission of both Ruth Lavache and the Director of Clinics or her designee.

***By signing below, you certify that the information provided in connection with this Application is true and complete to the best of your knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your interest in enrolling in the State AG Clinic!***

**Please return this completed Application with the required attachments to the Law Enrollment Center (LEC) at UMass Law.**

**If you should have any questions, please contact Prof. Margaret Drew, using the contact information provided below:**

***Professor Margaret Drew  
UMass School of Law – Dartmouth  
333 Faunce Corner Road  
N. Dartmouth, MA 02747  
Email; mdrewl@umassd.edu  
Phone (Direct Line): 508-985-1126***