

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

Immigration Law Clinic
STUDENT APPLICATION

(Updated 10/07/2025)

Please return this completed form to the Law Enrollment Center (LEC) to be considered for enrollment in the Immigration Law 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):

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:

Have you taken Immigration Law? (Check One): ☐ Yes ☐ No

Please list any other relevant courses you have taken.

Why do you want to participate in the Immigration Law Clinic and what do you hope to get out of your clinic experience?

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Do you expect to participate in any additional activities outside of your normal law school course 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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Although this response will not give priority for acceptance into the clinic, please let us know if you speak or read a foreign language (including sign language) by listing below.

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. Students may also be required to participate in an orientation session the Friday before classes begin.

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 Immigration Law 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 Crystal Desirey, Clinical Programs Coordinator, using the contact information provided below:

**Crystal Desirey, Clinical Programs Coordinator
Immigration Law Clinic
UMass School of Law – Dartmouth
333 Faunce Corner Road
N. Dartmouth, MA 02747
Email: cliniccoordinator@umassd.edu
Phone (Direct Line): 508-985-1180
Clinic Fax: 508-985-1136**