

UNIVERSITY OF MASSACHUSETTS SCHOOL OF LAW
RHODE ISLAND RULE 9 REQUEST FOR CERTIFICATION FORM

Part 1. Completed by the Student and Submitted to Field Placement Professor or Career Services

Student Name: _____ Expected Graduation Date: _____

Student Email: _____ Student Phone: _____

Student Address: _____

Placement Name: _____

Placement Start Date: _____ Placement End Date: _____

Placement Address: _____

Supervising Attorney Name: _____

Supervising Attorney Email: _____ Supervising Attorney Phone: _____

Supervising Attorney _____ Date _____

Placement Purpose: ☐ law school field placement ☐ non-credit unpaid internship ☐ other: _____

Part 2. Completed by Law Enrollment Center and University of Massachusetts School of Law Dean

To: Ms. Meredith A. Benoit
Clerk of the Rhode Island Supreme Court
250 Benefit Street
Providence, Rhode Island 02903

This form certifies that the above-named student has:

1. ☐ completed successfully the equivalent of at least three full-time semesters of his or her course of law school study;
2. ☐ completed or is enrolled in a course for credit in evidence and/or trial practice; and
3. ☐ a GPA of 2.3 or higher.

I certify this student's good character, legal ability, and training. For further information, please contact the Assistant to the Dean at (508) 985-1149 or lawdean@umassd.edu.

Date: _____

Samuel Panarella
Dean