



Legal Clinic Application

PREFERRED SEMESTER: Fall Spring Either

If you are applying to more than one clinic, please number the order of your preference (1-3):

Children's Rights Clinic Select...

Immigration Law Clinic Select...

Street Law Clinic Select...

For Immigration Appeals Practicum there is a separate application process. The application is available online: <https://my.swlaw.edu/dept/ILC/Documents/IAP%20Application.pdf>

NAME: STUDENT ID#:

ADDRESS:

CITY: STATE: ZIP:

CELLPHONE: EMAIL:

PROGRAM Day Evening PLEASE
:

YEAR(at time of proposed participation in the Clinic): 2nd 3rd 4th

ANTICIPATED GRADUATION DATE:

LAWS grades during your first year? Fall: Spring:

Do you speak any foreign languages fluently? Yes No

Spanish
Fluency Level:
Oral Select...
Written Select...

Other Languages:
Fluency Level
Oral Select...

Written Select...

Teaching sites, schools, meeting and presentations may be all over Los Angeles County. Are you willing and able to drive? Yes No

Have you taken any of the following courses? (check all that apply)

Children's Rights Clinic Immigration Law Clinic Street Law Clinic

Children and the Law

Children's Rights Seminar

Education Law

Interviewing, Counseling and Negotiation

Special Education Seminar

Trial Advocacy

Youth at Risk Seminar

Evidence*

*NOTE -Evidence is required for enrollment in the Children's Rights Clinic, but may be taken concurrently.

GENERAL QUESTIONS WITH BLANKS (limit words):

1. Why are you interested in participating in a Legal Clinic? Please write a statement sharing why you are interested in participating in the Legal Clinic & be specific to the Legal Clinic which you are applying. *Optional - you may write separate statements if you are applying to more than one clinic. (Limit 500 words for each clinic you are applying). Upload your statement(s) together on one word document.

Please upload your statement

2. Please list your extra-curricular activities during the semester in which you are hope to participate in the Legal Clinic (e.g. Moot Court, Law Journal, TAHP, Additional Employment, etc.). If you have certain dates, days or times of the week that you will not be available, please note that information. *NOTE externships should not be taken the same semester you participate in either the Immigration Law Clinic or Children's Rights Clinic.

3. Please describe any work, externship or volunteer experience (past and present) in the field of immigration law, regarding education issues, assisting delinquency or dependency youth, or in other positions working with children, low income, and or people with disabilities. Include the name of the organization, the relevant dates and a brief description of your work and responsibilities. Students without such experience are not precluded from participating in the Clinic.

Specifically for SLC ONLY:

1. Some teaching sites have licensing requirements for volunteers. These requirements include LiveScan (fingerprints), TB test, and/or a health screen which may include a drug test. Are you willing to comply with these requirements? (NOTE if you may have an issue with any of these requirements, please arrange a time to speak to Prof. Cohen before the application due date) Yes
No

2. Do you have any teaching experience? Yes No
If yes, please explain.

3. Teaching will be done in pairs with a partner. Do you have a friend who you are interested in teaching with, and that your schedule may allow you to teach together?

PLEASE UPLOAD YOUR RESUME

[Click here to attach a file](#)

In submitting this application, I understand that it does not guarantee admission to any of the Legal Clinics. Further, I understand and agree that if I am selected to participate in the Children's Rights Clinic, the Immigration Law Clinic or the Street Law Clinic and I accept the offer, I will not be able to withdraw my commitment except for compelling reasons. To obtain permission for withdrawal, I must immediately, upon the knowledge of such compelling reasons, petition in writing specifying the compelling reasons to the Director of the Legal Clinic which I have been accepted. I understand that it will be up to the Director's discretion to grant my petition for withdrawal. Furthermore, I understand that withdrawal from a Southwestern Legal Clinic will jeopardize my chances of being considered for a future Legal Clinic opportunity.

Signature

Date

The Legal Clinic Application will be emailed to your SWLAW email upon submission. Yes

SAMPLE