***THIS FORM SHOULD BE SUBMITTED ONLINE using CAMS (***[***http://its.law.nyu.edu/cams***](http://its.law.nyu.edu/cams)***)***

***by 5 p.m. on February 5, 2018.***

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| --- | --- |
| **Name:** | Last Name, First name |
| **Class Year:**(check one)  | [ ]  2019 (rising 3L) |
| **Have you already taken an NYU Clinic?** | [ ] Yes[ ] NoIf yes, name of clinic:       |
| **Current Address:** | Street |
|  | City, State Zip |
| **Cell phone Number:** |       |
| **Home Telephone Number:** |       |
| **Preferred Email Address:**  |       |
| **Alternative Email:** |       |
|  |  |
| **Summer Job:**(and dates of employment, if already known) |       |
| **Summer Address:**  | Street |
|  | City, State Zip |
| **Summer Telephone Number:** |       |
| **Summer Email Address(es):**  |       |

Please answer each of the following questions with respect to the clinic to which this application is directed:

1. **Please describe any courses you may have taken in law school, college, or graduate school, or any academic research you have done that relate to this clinic. Note especially any clinical and/or advocacy courses taken (other than Lawyering). Consider courses that dealt with relevant issues, related legal frameworks, types of research, policy concerns, etc. Please also describe any other academic experiences you have had that might be relevant to this clinic.**

1. **Please describe any employment or volunteer experiences you have had that might be relevant to this clinic. Consider experience with relevant issues, communities, types of research, modes of advocacy, etc.**

1. **Are there specific skills you have developed that are relevant to this clinic? (Consider language skills, research methodologies, technical expertise related to the clinic’s subject area, knowledge of specific disciplines relevant to the clinic, etc.) If so, please list them here.**

1. **In a brief statement (no more than one page or 300 words, whichever is shorter), please explain why you are interested in this clinic. You may wish to consider the following questions in your statement, though you need not answer all of them:**
	1. **What do you hope to learn from participation in this clinic? Feel free to reflect on personal learning goals, career plans, skills you hope to develop, etc.**
	2. **Is there anything else you would like the teacher(s) of the clinic to know that might assist the clinic teacher(s) in conducting the selection process?**

Type your statement here.

In addition to submitting this application form, please submit your resume and unofficial transcript. If you have questions about the clinic, please contact either the faculty member(s) or staff person for that clinic. If you have general questions about the clinic application process, please contact Susan Hodges at susan.hodges@nyu.edu.