

Children's Rights Center - Clinic Application Form

This application form must be filled out by any student wishing to register for any of the Clinic and given to the Clinical Assistant. The Director will inform applicants if they have been selected for the Clinic.

Proposed Clinic: (Earn 2-4 credits) CRN #: _____ <input type="checkbox"/> Children's Advocacy <input type="checkbox"/> Family Violence <input type="checkbox"/> Special Education CCR Fellow: <input type="checkbox"/> Yes <input type="checkbox"/> No	Status: <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> 4L Clinic Semester: Year: 20____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Clinic Credits Requested: _____ If you have not taken Lawyering Skills - ADD one credit +1 CRN#: _____ TOTAL Credits Requested: _____	Have you taken any of the following courses: <input type="checkbox"/> Evidence <input type="checkbox"/> Special Ed <input type="checkbox"/> Family Law <input type="checkbox"/> Education Law <input type="checkbox"/> Trial Advocacy <input type="checkbox"/> Interviewing, Counseling and Negotiating

Student Name: _____ ID # _____

Cell Number: () _____ E-mail Address: _____@poets.whittier.edu

Address: _____

Previous/or other Legal/Clinical Experience: _____

Have you ever had law-related employment? Yes No (if yes, where: _____)

Experiences related to special education or children: _____

Do you speak any other languages? _____

Do you have a car? Yes No

Please state below why you wish to enroll in the clinic and what you hope to gain from the experience.

 Student Signature

 Date

 Jeanne Thomas, Assist. Dir. Children's Rights Clinic

 Date

 Meredith Goetz, Dir. Special Education Clinic

 Date

Approved Total Credits: _____