

**CUA DC Modern Prosecution Program
Fall Semester Pre-Registration Form**

NAME: _____

HOME ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL: _____

I plan to enroll in this clinic _____ **(list semester and year).**

I am currently a (circle one): 2D 2E 3D 3E 4E

Other Clinic Participation and/or Applications:

Have you participated in any other internal/external Clinics? Y/N

If yes, please list which one(s) _____

Have you applied to any other internal/external Clinics? Y/N

If yes, please list your 1st, 2nd, 3rd preferences _____

Other Relevant Experiences:

Do you have any prior experiences working for or with a prosecutor's office or office of the public defender? Y/N

If yes, please provide an attachment explaining your prior experience(s).

Statement of Interest

Please attach a statement explaining why you want to participate in the Modern Prosecution Program.

Eligibility:

_____ I am currently enrolled in law school and I am in good academic standing.

_____ I have successfully completed at least 28 law school credits (one third of the number required for graduation).

_____ I have read and am familiar with the District of Columbia Student Practice Rule (D.C. App. R. 48), the District of Columbia Unauthorized Practice Rule (D.C. App. R. 49), and the District of Columbia Rules of Professional Conduct

_____ I will have completed courses in Criminal Procedure and Evidence prior to the start of the Program.

_____ If invited to participate in the program, I will accept the invitation.

Signature of applicant

Date

<p><i>For Office Use Only:</i></p> <p>Dean's Approval:</p> <p>Date: _____</p>
