

# CUA LAW's D.C. Law Students in Court: Criminal Division Clinic

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## Preregistration Form

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I plan to enroll in this clinic for \_\_\_\_\_ (list semester and year)

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

### Other Clinic Applications:

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

If yes, please list your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 DC Lawyers' Rules of Professional Conduct and the relevant DC Rules of Procedure. Therefore, I am eligible for certification under Rule 48 of the Rules Governing Admission to the Bar of DC.

\_\_\_\_ I have completed courses in Criminal Procedure I: The Investigative Process and Evidence.

\_\_\_\_ I will not have completed the following course before the fall semester:

\_\_\_\_ Criminal Procedure I: The Investigative Process

\_\_\_\_ Evidence

\_\_\_\_ If invited to participate in the clinic, I will accept the invitation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only:**

Dean's Approval:

\_\_\_\_\_

Date: \_\_\_\_\_