

**CUA CRIMINAL PROSECUTION CLINIC
Pre-Registration Form**

NAME: _____

HOME ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL: _____

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

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

Other Clinic Applications:

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

If yes, please list your 1st, 2nd, 3rd 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 Maryland Lawyers' Rules of Professional Conduct and the relevant Maryland Rules of Procedure. Therefore I am eligible for certification under Rule 19 of the Rules Governing Admission to the Bar of Maryland.

____ I have completed courses in Criminal Procedure and Evidence

____ I will not have completed the following course before the spring semester:

____ Criminal Procedure

____ 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: _____