

# CLINICAL PROGRAM WAIT LIST FORM

## AY2008-2009

We encourage you to put your name on the wait list for any clinic in which you would accept a placement, not just those clinics that you listed on your application.

Listing multiple clinics will increase your chances of participating in a clinic.

**Name:** \_\_\_\_\_

**Preferred e-mail:** \_\_\_\_\_ **Preferred telephone #:** \_\_\_\_\_

**First Choice Clinic on Application:** \_\_\_\_\_

**As of Fall 2008, I will be a:**

- 2L       3L       4L  
 Full-time       Evening Student/Part-time  
 International dual degree       AU/WCL joint degree

**Graduation Year:**       2009       2010       2011

**Please consider me for the following clinic(s):**

- Community and Economic Development Law Clinic
- Criminal Justice Clinic
- D.C. Law Students in Court
- Disability Rights Law Clinic
- Domestic Violence Clinic
- General Practice Clinic
- Glushko-Samuelsan Intellectual Property Law Clinic
- Janet R. Spragens Federal Tax Clinic
- International Rights Law Clinic
- Women and the Law Clinic

**I have taken and passed Evidence:**       Yes       No

**I am currently enrolled in Evidence:**       Yes       No

***RETURN THIS FORM TO THE CLINIC OFFICE (ROOM 417) BY  
APRIL 7, 2008 AT 5PM.***