

**CUA CRIMINAL PROSECUTION CLINIC**  
**Spring Semester 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    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>, 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 Maryland Lawyers' Rules of Professional Conduct and the relevant Maryland Rules of Procedure. Therefore I am eligible for certification under Rule 16 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: \_\_\_\_\_