ENROLLMENT REQUEST FORM

PROSECUTION CLINIC

Instructions: Students who wish to enroll in the yearlong Prosecution Clinic during the 2014-15 academic year, must complete this form and submit it via fax (434.924.4672), in person or by mail to the Student Records Office. All applications must be received no later than 4:00pm Friday, May 30, 2014. Applications received after this date will be placed on a waiting list; these students will only be contacted if openings arise. Selected students will be notified by mid-June.

| | Name: | UVa ID #: |
|--|---|-----------|
| | Current/local/permanent address: | |
| | Current/local/permanent city, state, zip: | |
| | Current/local/permanent telephone number: | |
| | E-mail address: | _ |
| ** | | |
| , , , , , , , , , , , , , , , , , , , | Summer/work address: | |
| i i | Summer/work city, state, zip: | |
| my investor (mm) | Summer/work telephone number: | |
|) | Summer/work e-mail address: | · |
| MINN INVENTED | Beginning/ending dates for above: | |
| * ************************************ | If you have additional summer addresses, e-mail addresses, etc., please list them | |

Note: Although the Prosecution Clinic is designed for students who are pursuing or considering a career in prosecution, enrollment is not limited to such students. However, students who want to be a state or federal prosecutor or expect to go into prosecution at some point are strongly encouraged to apply.

Students will be selected for admission to the course on a random basis from those who submit their application by the deadline listed above. If the number of applications exceeds available placement slots, students with all six prerequisites will be given preference over those who only have five.

Students thus selected will be placed in the various field offices on a random basis among those who have stated the highest preference for each respective office. That is, for any given office, spaces will be allocated randomly among those students who have ranked that office as their first choice, and if none or if there are extra spaces, then among those who have ranked that office as their second choice, and so on.

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| Charlottesville, and that most students in the past have requested placement in one of these three offices, but that most students get placed in one of the other nineteen offices. While I agree to accept placement in any office participating in this clinical program, my top preferences (up to 10) are: | | | |
|---|--|--|--|
| 1 | 6 | | |
| 2 | 7 | | |
| 3 | 8 | | |
| 4 | 9 | | |
| 5 | 10 | | |
| Participating offices, at this point, are | e: | | |
| Culpeper Co. (2); Fluvanna Co. (1); G Lynchburg (1); Madison Co. (1); Nelse Co./Harrisonburg (2); Staunton (1); W District of Virginia (1); United States | Co. (1); Augusta Co. (2); Buckingham Co. (1); Charlottesville (2); oochland Co. (1); Greene Co. (1); Henrico Co. (1); Louisa Co. (1); on Co. (1); Orange Co. (1); Richmond (2); Rockingham (2); United States Attorney's Office for the Eastern Attorney's Office for the Western District of Virginia in rney's Office for the Western District of Virginia in Harrisonburg | | |
| enrollment in the Prosecution Clinic. limited; I also understand that the num some applicants may be refused admiss | re below that I have read the course description and hereby request I realize that this is a yearlong course and that space in the clinic is aber of applications often exceeds the number of slots available, and asion for lack of space. By signing and submitting this form, I give ed enrollment in the course I will carry through with participation academic year. | | |
| local prosecutors' offices, a few of wh within a 30-75 minute drive from the I placed in and I accept the responsibilit | o the course, I will be assigned to one of twenty-two participating ich are located in Charlottesville, but the majority of which are Law School by car. <u>I agree to accept whatever field office I am</u> by to arrange regular transportation to and from the office to which I thermore, I understand that most offices require my presence at | | |
| | assigned may conduct a background check prior to my acceptance in elease all persons with knowledge about my background to provide | | |

information to any law enforcement officer or member of the staff of one of the participating prosecuting attorneys offices conducting such an investigation.

| at . | _ |
|------------|-------|
| Signature: | Date: |
| Signature: | Bute: |