

University of Miami School of Law
IMMIGRATION CLINIC
Application for Fall 2009 – Spring 2010 (full year)

Thank you for your interest in the Immigration Clinic. Please return this application, along with all required supplemental materials, to Ms Shannon Maharajh (4th floor) by Monday, April 13, 2009 by 4:00 pm. Ms. Maharajh can be reached at 305 284 4442. If you have any questions about the clinic, please contact Professor Irwin Stotzky.

Name: _____

Address: _____

E-mail (school & home): _____

Telephone (h): _____

(c): _____

(w): _____

Graduation Date: _____ (circle one: rising 2L 3L 4L)

1. Please provide a statement of your interest in participating in the clinic. Include relevant background information (*e.g.*, employment, coursework, volunteer experience).
2. Please provide a sample of your legal writing.
3. Please include a current law school resume.
4. An in-house law clinic requires a significant time commitment. Please explain what other obligations (*e.g.*, employment, law review, family obligations) you have and how you intend to manage them with your clinic work.
5. Names and contact information of two references.
6. Please indicate which of the following languages you speak, read, or write ***fluently***:

SPANISH: SPEAK READ WRITE

HAITIAN CREOLE: SPEAK READ WRITE

FRENCH: SPEAK READ WRITE

OTHER _____: SPEAK READ WRITE

7. Please indicate whether you have taken the following law school courses. Please note that Immigration Law is a co-requisite. If you are admitted into the clinic, you must take it in Fall 2009 if you have not done so already.

IMMIGRATION LAW

LITIGATION SKILLS I