



WSU LEGAL CLINIC

APPLICATION FOR ENROLLMENT SPRING 2009

Name: _____

My expected date of graduation is _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

I wish to be considered for enrollment in the WSU Legal Clinic for the Spring 2009 semester. I have completed or will be concurrently enrolled in the required courses. (Civil Procedure, Evidence, Professional Responsibility) I understand that that I will be required to work a total of 150 hours to meet the minimum class hour requirements to earn 3 units of pass/fail credit, in addition to the 2 unit graded credit for the seminar component.

Dated: _____

[Student signature]

**RETURN THIS FORM BY
November 7, 2008
TO
KELLEY JONES-HORWOOD,
LEGAL CLINIC, 3RD FLOOR**