ENROLLMENT REQUEST FORM

PROSECUTION CLINIC

Instructions: Students who wish to enroll in the yearlong Prosecution Clinic during the 2015-16 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 29, 2015. 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: _________________________________________________________________

Summer/work city, state, zip: _____________________________________________________________

Summer/work telephone number: _______________________________________________________

Summer/work e-mail address: ___________________________________________________________

Beginning/ending dates for above: _______________________________________________________

If you have additional summer addresses, e-mail addresses, etc., please list them on a separate sheet.

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.

(This is a two-page form – please see next page)
Office preference: I understand that only three of the twenty-two participating field offices are located in 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:

Albemarle Co. (2 students); Amherst Co. (1); Augusta Co. (2); Buckingham Co. (1); Charlottesville (2); Culpeper Co. (2); Fluvanna Co. (1); Goochland Co. (1); Greene Co. (1); Henrico Co. (1); Louisa Co. (1); Lynchburg (1); Madison Co. (1); Nelson Co. (1); Orange Co. (1); Richmond (2); Rockingham Co./Harrisonburg (2); Staunton (1); Waynesboro (2); United States Attorney’s Office for the Eastern District of Virginia (1); United States Attorney’s Office for the Western District of Virginia in Charlottesville (2); United States Attorney’s Office for the Western District of Virginia in Harrisonburg (1)

Certification: I certify by my signature below that I have read the course description and hereby request enrollment in the Prosecution Clinic. I realize that this is a yearlong course and that space in the clinic is limited; I also understand that the number of applications often exceeds the number of slots available, and some applicants may be refused admission for lack of space. By signing and submitting this form, I give you my commitment that if I am granted enrollment in the course I will carry through with participation in the program throughout the coming academic year.

I further understand that, if admitted to the course, I will be assigned to one of twenty-two participating local prosecutors’ offices, a few of which are located in Charlottesville, but the majority of which are within a 30-75 minute drive from the Law School by car. I agree to accept whatever field office I am placed in and I accept the responsibility to arrange regular transportation to and from the office to which I am assigned, at my own expense. Furthermore, I understand that most offices require my presence at least 2 days per week.

Any of the offices to which I may be assigned may conduct a background check prior to my acceptance in the program. I hereby authorize and release 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.

Signature: _____________________________ Date: ________________