ENROLLMENT REQUEST FORM

International Human Rights Law Clinic

Instructions: Students who wish to enroll in the year-long International Human Rights Law Clinic during the 2023-4 academic year must rank the clinic in the clinic lottery and complete and sign this form, attach the requested documents, and submit responses to the described items below *via e-mail* to Prof. Sanchez (csanchez@law.virginia.edu) no later than *July 3, 2023*.

Name:	UVA Computing ID:
Current address:	
Current city, state, zip	
Current telephone number:	
Current e-mail address:	

Please include via e-mail the following items with this signed form:

- 1. a resume, and
- 2. responses to these items:
 - Please list courses you have taken relevant to this clinic:
 - Please describe past work experience or other background (including personal or family background) relevant to the clinic:
 - Please explain your reasons for wanting to take this clinic, what you hope to learn in it, and how you see the clinic's role in your future work/career:
 - Please describe your fluency in any languages other than English

Certification: I hereby certify by my signature below that I have read the course description; understand that if I am selected for the clinic, I will be enrolled during the Fall 2023 and Spring 2024 semesters; and, most importantly, that once registered in the clinic, *I may not drop the course*.

1. This is a year-long course, and space in the clinic is limited; not all applicants are guaranteed acceptance to the clinic.

2. I understand I must both rank the clinic in the clinic lottery (opening June 26, closing July 3) and submit an application to Prof. Sanchez (by July 3). I understand I can't apply to a clinic without participating in the lottery ranking.

3. If enrolled to the clinic, I will be expected to engage in "case-related" work in addition to time spent in a "classroom" component.

4. I understand that I will receive 6 credits total for the clinic—3 credits on a credit/no credit basis (Fall), and 3 credits graded on a High Pass/Pass/Fail system (Spring).

5. If enrolled, I consent to public disclosure of my participation in the AY 2023-4 clinic.

Signature: _____Date: _____