## Northern Illinois University College of Law Clinic Student Scheduling Form

Semester you ar	re applying for:	Spring 2	20 Sumn	ner 20	Fall 20
Name:					
Student Z ID:					
Address:					
Cell Phone:					
Home Phone:					
Work Phone:					
these hours: Morn present in person t either two half day	ning 8:30 a.m. to 1 for eight (8) clinic ys or for one full dours when you do r	2:30 p.m Aft office hours ead ay each week of not have any other	ernoon 12 p.m. to ch week. Clinic on n site at the clinic. ter classes or work	5 p.m. Student ffice hours will Please only man hours.	ark time slots as
Mamina	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
If you have any	specific schedulin	g requests, ente	r them here:		
Would you like	to participate in a	carpool to/from	the clinic?	Yes	No

## PREREQUISITES AND RELATED COURSES

Course	if completed	if taking concurrently with clinic course
45 Credit Hours (prerequisite)		
Professional Responsibility (prerequisite or concurrent)		
Lawyering Skills (prerequisite or concurrent)		
Criminal Procedure: Police Investigation		
Criminal Procedure: Adjudication		
Evidence		
Family Law		
Trial Advocacy		
Trusts & Estates		
Business Associations I		
Business Associations II		
Sales		
Secured Transactions		
Insurance Law		
Bankruptcy		
Employment Law		
Securities Regulation		
Introduction to Federal Income Taxation		
Taxation of Business Enterprises		
Business Planning		

## PRIOR EXPERIENTIAL LEARNING COURSES

$\square$	Course	Semester	Where
	Civil Justice Clinic		
	Criminal Defense Clinic		
	COVID-19 Legal Response Clinic		
	Health Advocacy Clinic		
	Prisoner Rights Project		
	Business Law Innovation Clinic		
	Civil Externship		
	Criminal Law Externship		
	Judicial Externship		
	Juvenile Externship		
	Innocence Project		
	Appellate Advocacy Externship		
	Other Externship (please list):		

Please	briefly	describe any	prior	experience	working in	the foll	lowing areas:

- Domestic abuse, elder law, estate planning, family law or with a general civil practice
- Criminal law or juvenile law
- Sealing and expunging criminal records
- Government programs such as Social Security, Medicaid, Medicare or food stamps
- A law firm
- Corporate law department

Please briefly describe any previous legal experience other than what you listed above, including where you worked and what type of legal work you performed.

Why do you want to participate in a clinical experience?

Please describe your career aspirations upon graduation.	
If you speak any languages besides English indicate the language(s) and estimate your level of flueach (basic, conversational, proficient, etc.)	iency in
Have you registered for any other clinic, externship, or the Prisoner's Rights project for the upcom semester?	iing
Will you be working during the upcoming semester? If so, please provide information here about you will be working.	where
Is there any other information that it is important for your clinical supervisor to know in advance of semester?	of the