## D.C. SEMESTER IN PRACTICE PROGRAM SPRING 2015 APPLICATION

NAME:	
EMAIL:	YEAR:
ADDRESS:	
PHONE:	
NUMBER OF CLINICAL HOURS ALREADY EARNED:	
(The Law School's clinical cap is 16 credits. Ten (10) cre	dits earned in the D.C. Semester

On a separate piece of paper, provide a brief statement (no more than 500 words) explaining your interest in the D.C. Semester in Practice program. Please identify particular placements in which you have an interest and/or are qualified, even if they are not included in the list of current placement opportunities.

YOUR ACCEPTANCE INTO THE D.C. SEMESTER IN PRACTICE PROGRAM DOES NOT GUARANTEE A PLACEMENT IN WASHINGTON.