



U.S. ATTORNEY'S OFFICE ROTATION

SEMESTER/YEAR _____ / _____

Date: _____

Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Year: _____ 2 _____ 3 _____ 4 Division: _____ FTD _____ PTD _____ PTE

Semesters completed _____ and credits earned _____ as of _____

List choices (1 {highest} to 4 {lowest}) in order of preference:

- | | |
|---|--|
| _____ Civil Practice Clinic | _____ Civil Rights Litigation Clinic |
| _____ Criminal Law Clinic | _____ Elder Law Clinic |
| _____ Family Law Clinic | _____ Judicial Clerkship Clinic |
| _____ International Human Rights Clinic | _____ Nassau/Suffolk Law Services Rotation |
| _____ Not-for-Profit Corporation Law Clinic | _____ U.S. Attorney's Office Rotation |

Note: Participants must be U.S. Citizens.

Note: Participants must pass FBI security clearance, including a credit check.

Name of a faculty member for use as a reference: _____

Attach a **separate sheet** with your answers to the following six questions.

1. Why do you want to be in a clinic/rotation?
2. Why do you want to be in this clinic/rotation?
3. Describe your work experience, whether or not law-related or for pay.
4. List the courses you are taking in the current semester.
5. List the courses you will be taking during the semester if you are able to participate in this clinic.
6. Have you ever been convicted of a crime, been a defendant in a criminal proceeding, or is there some other circumstance in your background which, in candor, should be disclosed, because it might cause difficulty or embarrassment to the office with which you are placed if the information were to come to light? Please explain in detail. These facts will not necessarily disqualify you, but we must be able to evaluate them and consult with your placement supervisor, if appropriate.

Please answer the questions above and return this form in an envelope, together with a current resume and all supporting documents, to the Clinic Office, Room 202.

I authorize the release of my law school transcript to the Director of Clinical Education and the faculty member teaching the course.:

Signed _____