

University of Massachusetts School of Law - Dartmouth
UMass Law Clinical Programs

State Attorney General Clinic
STUDENT APPLICATION

(Updated 09/25/2024)

Please return this completed form to the Law Enrollment Center (LEC) to be considered for enrollment in the State Attorney General Clinic at UMass Law. Please note that there are additional enrollment requirements, such as submitting a separate general clinical programs application form to the LEC and meeting prerequisite/co-requisite course requirements.

This Student Application is a request to enroll in this clinic during the (check one and fill in the year of the semester that you are applying to enroll in) Fall Spring Year: _____

Contact Information

Name: _____ Preferred Pronoun: _____

Address: _____

UMass Email Address: _____

Alternate Email Address: _____

Primary Telephone Number: _____

Does this phone have a private voicemail? (Check one): Yes No

Secondary Telephone Number (if applicable): _____

Other Contact Information (if applicable): _____

Education and Experience

UMass Law Class Year (check one): 2L 3L 4L

UMass Law Program (check all applicable): Day Evening Full-Time Part-Time

Expected Date of Graduation from UMass Law? _____

Undergraduate College and/or Graduate School Name and Major/Degree (as applicable):

Are you a Joint Degree candidate? (Check one): Yes No

If yes, with which other school? _____

Please attach a copy of your resume that includes your work and volunteer history for the last five years.

In most semesters, applicants will be interviewed as part of the application process.

By signing below, you certify that the information provided in connection with this Application is true and complete to the best of your knowledge.

Signature: _____ Date: _____

Thank you for your interest in enrolling in the State Attorney General Clinic!

Please return this completed Application with the required attachments to the Law Enrollment Center (LEC) at UMass Law.

If you should have any questions, please contact Prof. Margaret Drew.

Email: mdrew1@umassd.edu Phone: 508-985-1126

2025 Placement Preference Sheet
UMass Law Clinic
Office of the Attorney General

Student Name _____

Please indicate your top 5 division placement choices in order of preference, with 1 as your 1st choice and 5 as your lowest choice. If there are more than 5 divisions of interest to you, please feel free to note additional divisions. Division placements are made close to the start of the clinic.

CRIMINAL BUREAU

- _____ Appeals Division
- _____ Enterprise, Major, & Cyber Crimes Division
- _____ Gaming Enforcement Division
- _____ Human Trafficking Division
- _____ Insurance & Unemployment Fraud Division
- _____ White Collar & Public Integrity Division

ENERGY & ENVIRONMENT BUREAU

- _____ Energy & Telecommunications Division
- _____ Environmental Crimes Strike Force
- _____ Environmental Protection Division

EXECUTIVE BUREAU

- _____ Policy & Government Division

GOVERNMENT BUREAU

- _____ Constitutional & Administrative Law Division
- _____ Contributory Retirement Appeal Board
- _____ Division of Open Government
- _____ Neighborhood Renewal Division
- _____ Trial Division

HEALTH CARE & FAIR COMPETITION BUREAU

- _____ Antitrust Division
- _____ False Claims Division
- _____ Health Care Division
- _____ Medicaid Fraud Division
- _____ Non-Profit Organizations/Public Charities Division

PUBLIC PROTECTION & ADVOCACY BUREAU

- _____ Children's Justice Unit
- _____ Civil Rights Division
- _____ Consumer Protection Division
- _____ Data Privacy & Security Division
- _____ Fair Labor Division
- _____ Insurance & Financial Services Division

Please describe the experience you're looking for this semester and anything else you'd like us to be aware of regarding your preferences.