

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

Immigration Law Practicum

STUDENT APPLICATION

(Updated 10/01/2024)

Please return this completed form and your resume to the Law Enrollment Center (LEC) to be considered for enrollment in the Immigration Law Practicum 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 practicum 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? _____

Part One

Have you taken any other experiential learning courses (e.g. clinic, field placement, practicum, simulation)?
(Check One): Yes No

If yes, please list:

Why do you want to participate in the Immigration Law Practicum?

What skills do you hope to gain from the practicum?

Aside from the concrete skill, what do you hope to gain from the practicum experience?

Are you able to devote 10 hours per week to clinic work, in addition to seminar preparation?
(Check One): Yes No

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 Immigration Law Practicum!

Please return this completed Application with the required attachments such as submitting your resume and a separate general clinical programs application form to the Law Enrollment Center (LEC) at UMass Law.

If you should have any questions, please contact Crystal Desirey, Clinical Programs Coordinator, using the contact information provided below:

***Crystal Desirey, Clinical Program Coordinator
UMass School of Law – Dartmouth
333 Faunce Corner Road
N. Dartmouth, MA 02747
Email: cliniccoordinator@umassd.edu
Phone (Direct Line): 508-985-1180
Clinic Fax: 508-985-1136***