

**D.C. SEMESTER IN PRACTICE PROGRAM
APPLICATION**

NAME: _____

EMAIL: _____ **YEAR:** _____

ADDRESS: _____

PHONE: _____

NUMBER OF CLINICAL HOURS ALREADY EARNED: _____

NOTE: The Law School's clinical cap is 16 credits. Eight (8) of the credits earned in the D.C. Semester program count toward cap.

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. Additionally, please identify particular placements in which you have an interest and/or are qualified.

Email this form and statement of interest along with your résumé and transcript (unofficial fine) to Professor Heywood, jheywood@uga.edu.