

**D.C. SEMESTER IN PRACTICE PROGRAM  
FALL 2016 APPLICATION**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NUMBER OF CLINICAL HOURS ALREADY EARNED:** \_\_\_\_\_

(The Law School's clinical cap is 16 credits. Ten (10) credits earned in the D.C. Semester program count towards the 16-credit clinical 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](mailto:jheywood@uga.edu).