Clinical Program Application
First Nations Legal Clinic

Name: _____

Address: _____

Telephone: _____

Email: _____

Year of Law School: _____

Preference re Term: □ Fall □ Spring

In the space provided, please indicate why you wish to be in the Clinical Program and what you may offer.

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This application form is to be submitted to:

Sarah Rauch, Director, UBC First Nations Legal Clinic
E-mail to: rauch@law.ubc.ca
Fax: 604.684.7874

Mail: 101-148 Alexander Street, Vancouver BC, V6A 1B5