

6. Name and address of currently enrolled law school or the law school Applicant graduated from:

7. Number of semesters completed in law school: _____

If you have not graduated, list the classes that you have completed and indicate any class that you did not pass:

8. Name of Supervising Attorney: _____

Organization or Law Firm of Supervising Attorney: _____

9. Term of Legal Intern desired: From _____ through _____
Month / Day / Year Month / Day / Year

By signing this Application, the Applicant hereby swears:
The answers contained in this Application and all accompanying documents are complete and true to the best of my knowledge. I understand that the information provided in this Application and all accompanying documents is submitted under oath and the failure to answer or to make full disclosure on this or any application material may be grounds for denial of my application.

Signed: _____ Date: _____
Applicant

By signing this Application, the Supervising Attorney hereby swears:
I have read and understand the rules governing legal interns and I meet the requirements for supervising an intern as provided for in the Rules of Admission. I understand that for purposes of the attorney-client privilege, the legal intern shall be considered a subordinate of the supervising attorney. I further understand and agree to assume the responsibilities as a supervising attorney as set forth in the rules governing legal interns.

Signed: _____ Date: _____
Supervising Attorney

