



ECI Student Application

Name:

Address:

Street No. Street Name City State Zip

Cell #:

T-number:

Email:

Optional Information:

Race:

Gender:

Pronouns:

Age:

Current Status 1L 2L 3L
Semester(s) applying for: Fall Summer Spring

ECI Program Applying for (check all that apply):

Research & Writing

Admin support

Clinics: Property

Juvenile

Record Clearing

Innocence Project

Other Areas of Interest:

Semester Course Load (Hours)

Current GPA:

Currently Employed or plan to be employed at TSU: Yes No

Other Employment: No Yes - Organization Name:

and hours working per week

Duration of employment:

Attachments submitted: Letter of Interest Unofficial Transcript Writing Sample

Student's Signature:

FOR ECI USE ONLY:

Date Submitted:

If applicable, date W-9 submitted:

Assignment Recommendation(s):

Project Supervisor:

Comments: