



TEXAS SOUTHERN UNIVERSITY  
Thurgood Marshall School of Law

## Legal Clinic Application & Materials Packet

**Students must apply to the Clinic by submitting the student application along with the documents set forth below. Students must also complete the three (3) quizzes listed below.**

- Complete Student Application; Resume -- current
- Law School Transcript – current (unofficial copy is acceptable)
- Copy of Driver’s License (criminal history checks will be conducted)
- Writing Sample – current (brief or memorandum of law)
- Brief Statement – why you want to participate in the Legal Clinic (no more than 300 words)
- Take the following **quizzes** and print your result:
  1. How Do You React To Constructive Criticism, to see how **YOU** react to constructive criticism-- follow the link below:  
<https://www.leadershipiq.com/blogs/leadershipiq/41783745-quiz-how-do-you-react-to-constructive-criticism>
  2. Leadership Styles Quiz—Which of These Styles Do You Use, to learn **YOUR** leadership style--follow the link below:  
<https://www.leadershipiq.com/blogs/leadershipiq/36533569-quiz-whats-your-leadership-style>
  3. Communication Styles Quiz And Assessment--Which Of These Different Communication Styles Do You Use, to see see what style of leadership you have-- follow the link below:  
<https://www.leadershipiq.com/blogs/leadershipiq/39841409-quiz-whats-your-communication-style>

**THURGOOD MARSHALL SCHOOL OF LAW**  
**Clinical Legal Studies Program**  
**Student Application—Legal Clinic**

Please complete the application packages submitted omitting requested information will not be processed.

**APPLICANT INFORMATION**

<b>Name:</b>	Last: _____	First: _____	MI: _____
<b>Semester Choice:</b> (check one)	<input type="checkbox"/> Spring 2025		<input type="checkbox"/> Fall 2025
<b>Current GPA</b>	GPA _____		
<b>Graduation Class:</b>	Anticipated Graduation Date: _____		
<b>TMSL Clinic(s)</b>	Circle Clinic(s) you are applying for: __Criminal/Title IX    __Family Law    __Immigration    __WPG		
<b>*List Clinics or Externships you have taken:</b>	_____ _____		
<b>Your Local Address:</b>	Number & Street: _____ City, State, Zip _____		
<b>Cell Phone:</b>	_____		
<b>Email Address:</b>	_____		
<b>Alt. Email Address:</b>	_____		
<b>Date of Birth &amp; SSN:</b>	DOB: _____		SSN: _____
<b>Emergency Contact:</b>	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code _____		

By signing this application, I represent I will enroll in and complete the clinic for which I am selected.

\_\_\_\_\_  
Signature of Law Student Applicant

\_\_\_\_\_  
Date

**\*NOTE:** If selected for a clinic, we will accept cases and make other commitments based on the assumption you will enroll. You are expected to complete 180 to 255 hours of clinic work (clinics vary) in order to receive 4 credits for clinic, 2 credits for the practicum classes. Upon completion, return application package to Marilyn Epps in the Legal Clinic, Room 100 no later than 3:00 p.m.

**IF ACCEPTED IN THE CLINIC, YOUR NAME WILL BE SUBMITTED TO THE  
 REGISTRAR'S OFFICE TO PERMIT REGISTRATION.**