

City of Jacksonville Municipal Law Clinic Application

Name _____

Phone _____

Email address _____

Law School _____

Year in Law School _____

GPA in Law School _____

Undergraduate College _____

Undergraduate Degree _____

Undergraduate GPA _____

What are your legal interests? _____

Why do you want to participate in the Office of General Counsel's
Municipal Law Clinic Program (describe in 600-1,000 words)?

_____(please submit with the application as a separate document)_____

Please submit this Application and the following to MLCInfo@coj.net:

- a copy of your law school transcript(s)
- two letters of recommendation from two of your previous or current law professors
- Submit a copy of your resume