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# MONTEREY COLLEGE OF LAW



## PROCEDURE FOR OBTAINING CLINICAL STUDIES CREDIT

1. Request a clinical Studies packet from the Registrar. This packet will include:
  - a) Application Form
  - b) Time Sheets
  - c) Supervisor Evaluation Form
  - d) Student Report
  
2. Submit the completed Application Form to the Dean for approval. You will receive written confirmation of your application is approved. Your application must be submitted prior to registration for the semester in which you want to receive credit.
  
3. Register and pay tuition for your unit(s) at the same time you register for your other courses and prior to beginning work. A copy of your approved application must be attached to your registration form.
  
4. Upon completion of your hours (60 hours for 1 credit, 120 hours for 2 credits), submit the following items to the Dean:
  - a) Verified Time Sheets
  - b) Sample Work Product
  - c) Supervisor Evaluation Form
  - d) Student Report
  
5. You will receive a grade of "Pass" or "Fail" based on your verified time sheets, the supervisor evaluation form, and your sample work product, determined by the Dean.

**MONTEREY COLLEGE OF LAW  
CLINICAL STUDIES  
APPLICATION FORM**

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Street*  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
*City State Zip*

S. S. #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

State Your GPA: \_\_\_\_\_ and Class Ranking: \_\_\_\_\_

**Units Requested:**

1     2     3    For     Fall     Spring     Summer    200\_\_ Semester

Name of Firm/Agency for which you will work: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervising Judge/Attorney: \_\_\_\_\_

List your previous clinical study activities and the number of units received ..

**Check the courses you have completed:**

Criminal Law & Procedure     Legal Research     Evidence     Legal Writing  
 Civil Procedure     Advanced Legal Writing     Constitutional Law

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

*Continued on reverse side.*





**MONTEREY COLLEGE OF LAW  
CLINICAL STUDIES  
TIME SHEETS**

Student: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Supervising Judge/Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_

VERIFICATION OF TIME SHEETS

I verify that the above named student worked a total of \_\_\_\_\_ hours under my supervision for clinical studies credit between \_\_\_\_\_ and \_\_\_\_\_ .  
*beginning date* *ending date*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Judge/Attorney

**MONTEREY COLLEGE OF LAW  
CLINICAL STUDIES  
STUDENT REPORT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical studies units to be awarded:     Second     Spring     Summer 2009

1. Your year in school is:                     Second     Third     Fourth

2. Firm/Agency name: \_\_\_\_\_

3. Supervising Judge/Attorney: \_\_\_\_\_

4. This is a:     Court     Government Agency     Law Firm     Legal Services Agency

5. \_\_\_\_\_ attorneys work in the office.

6. The area(s) of the law practiced in this office was/were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. The area(s) of law in which you work was/were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Show how much of your work involved the following legal tasks:

	Considerable	Some	None
a) Legal research	_____	_____	_____
b) Draft Court documents	_____	_____	_____
c) Draft other documents (wills, trusts, contracts, etc.)	_____	_____	_____
d) Client contact	_____	_____	_____
e) Contact with opposing attorney	_____	_____	_____
f) Contact with governmental agencies/attorney	_____	_____	_____
g) Court appearances	_____	_____	_____
h) Other _____	_____	_____	_____

9. Rank from 1-4 the factors which affected your decision to do this internship.

_____	Course credit
_____	Learning opportunity
_____	Contact/reference for future employment
_____	Compensation
_____	Other (Identify) _____

10. Characterize the amount and quality of judicial/attorney supervision you received?

- Excellent                       Very Good                       Adequate                       Poor

11. What is your overall evaluation of the judge/attorney for whom you worked?

	Excellent	Very Good	Average	Poor
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Characterize the degree of responsibility you had:

- Substantial       Considerable       Some       Not Much

13. Describe how this internship contributed to your professional development.

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14. Were you paid for your work?                       Yes                       No

15. Did you become a Certified Law Student?                       Yes                       No

16. Would you recommend this internship to other students?                       Yes                       No

17. Why/Why Not?

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18. Please comment on the clinical studies program at MCL.

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**MONTEREY COLLEGE OF LAW  
CLINICAL STUDIES  
SUPERVISOR EVALUATION FORM**

Supervising Judge/Attorney: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_

Area of Law: \_\_\_\_\_

Student's Name: \_\_\_\_\_

In order for Monterey College of Law to evaluate student performance in the clinical studies program, we ask the supervising judge or attorney to complete this form.

	Excellent	Very Good	Average	Poor	Unknown
1. Knowledge of the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Research skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quality of work product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Client relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to work autonomously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Appearance on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Attitude toward work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Supervising Judge/Attorney \_\_\_\_\_