

ENTREPRENEURSHIP AND COMMUNITY DEVELOPMENT CLINIC (ECDC)

APPLICATION FOR ENROLLMENT

Please complete this application and give it to Professor Goldfarb, along with a copy of your resume, by _____, 2011. The ECDC is open only to 3L's who have taken Corporations I.

Name: _____ **Expected Graduation Date (month/year):** _____

Phone: _____ **Email:** _____

Explain why you are interested in enrolling in the ECDC: _____

What classes have you taken that you believe will be helpful in your representation of business clients at the ECDC? _____

What past experiences (job-related, academic, professional or personal) or personal traits of yours will be helpful in your representation of business clients at the ECDC? _____

I understand that I will attend a weekly class and spend approximately 14 hours per week working on clinic matters, including a minimum of 4 hours per week in the on-site clinic office.

Signature: _____

Date: _____