

Alternative Dispute Resolution Fellowship Application

Date

Please indicate the fellowship for which you are applying:

Levine ADR Fellowship

Last Name

First Name

Middle Initial

Street

City

State

Zip

Home Telephone Number

Cell or Work Telephone #

E-Mail Address

Expected Graduation Date

Current GPA

1L

2L

3L/4L

Full-time

Part-time

1. Please describe your past experience and training in ADR, if any?

2. Please indicate where and with what program you would like to complete your fellowship work. Examples include any court-connected mediation program, the Supreme Court of Ohio Dispute Resolution Section, Ohio Commission on Dispute Resolution and Conflict Management.

3. Please provide a statement detailing why you satisfy the criteria identified in the fellowship notification and reasons why you are interested in working in the field.

Students must submit one copy of: 1) resume, 2) this application form, and 3) unofficial law school transcript in hard copy to the Legal Clinic by 5:00 PM on Friday, March 27, 2015. You should also print/save a copy of this form for your records.