

**ROGER WILLIAMS UNIVERSITY LAW SCHOOL
REQUEST FOR ARTICLE II, RULE 9 CERTIFICATION**

Students shall follow these instructions, in this order:

1. Complete Section A of this form.
2. Email the form to your supervising attorney and have them complete Section B.
3. Deliver or email the form to the Office of Student Academic Services.

- Location: SOL Bristol Campus, Room 294, 2nd floor
Email: studentacademicservices@rwu.edu
4. Once certification is received, deliver copies to your supervising attorney and the Office of Student Academic Services.

Section A (To be completed by student)

Student Name: _____ Phone Number: _____

Student Address: _____

Email Address: _____ Expected Graduation Date: _____

I am requesting certification recertification to practice as a senior law student for the following program:

Criminal Defense Clinic	Environmental & Land Use Clinical Externship Program
Immigration Clinic	Program
Public Interest Clinical Externship Program	Independent internship
Prosecution Clinical Externship Program	

I hereby certify that all information on this form is true, that I will deliver a copy of my Supreme Court Rule 9 Certification to my placement site before practicing law, and that if I do not take the Rhode Island Bar Examination the first time it is offered after my graduation, I will cease practicing law immediately.

Student Signature

Date

Section B (To be completed by supervising attorney)

Placement Site: _____ Start Date: _____ End Date: _____

Placement Site Address: _____

Supervising Attorney Name: _____ RI Bar No.: _____

Phone Number: _____ Email Address: _____

By signing this document, I hereby certify that _____ will be working under my general supervision without compensation on behalf of (check all that apply):

- | | |
|--|--|
| The state, including a subdivision thereof or a municipal corporation | Rhode Island Traffic Tribunal |
| Indigent parties in criminal or civil proceedings in (check all that apply): | Any municipal court (including probate and housing) |
| District Court | Any state or municipal administrative agency, board, or department |
| Family Court | |

I further certify that I am a member of the bar of this state, and that I am:

- | | |
|---|--|
| A special or assistant attorney general | Funded in whole or in part by the federal government |
| A municipal solicitor | Funded in whole or in part by the Rhode Island Bar Foundation |
| Employed by the Office of the Public Defender or any other state agency | Sponsored by a law school accredited and approved by the American Bar Assoc. |
| Associated with an organized and approved program providing legal services to indigents that is (check all that apply): | |

Supervising Attorney Signature

Date

Section C (To be completed by law school)

I hereby certify that the above-named student has successfully completed the equivalent of at least three full-time semesters of the student's course of law school study, is of good character, legal ability, and training, and:

- | | | |
|--|----------|----------------|
| Has completed the following course(s) (check all that apply): | Evidence | Trial Practice |
| Is enrolled in the following course(s) (check all that apply): | Evidence | Trial Practice |

Andrew Horwitz, Assistant Dean, Experiential Education

Date