

**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 Registrar and 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 Registrar and 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

Immigration Clinic

Program

Public Interest Clinical Externship Program

Independent internship

Prosecution & Government 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

Employed by the Office of the Public Defender or any other state agency

Funded in whole or in part by the Rhode Island Bar Foundation

Associated with an organized and approved program providing legal services to indigents that is (check all that apply):

Sponsored by a law school accredited and approved by the American Bar Assoc.

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

Olivia Milonas, Assistant Dean for Experiential Education

Date