



# Massachusetts School of Law at Andover

500 FEDERAL STREET - ANDOVER MA - 01810

978.681.0800 - WWW.MSLAW.EDU

## MEMORANDUM

**TO:** All Students  
**FROM:** Michael L. Coyne, Dean, and Diane M. Sullivan, Assistant Dean  
**RE:** Judicial Internship Program - Summer

You must submit a resume, writing sample, attached questionnaire, and judicial internship placement form.

## JUDICIAL INTERNSHIP PROGRAM

The Judicial Internship Program permits certain selected students with an above average grade point average (2.5 or better) to assist Superior, District, and Probate Judges. Students will research and write memoranda and decisions and assist Judges as needed during hearings and trials.

Prerequisites: 45 completed hours, including Evidence, and Constitutional Law. A minimum G.P.A. of 2.5 is required.

A student must agree to a minimum period of 10 weeks.

Note: Check the summer registration form, or summer school schedule for class schedule. Each student must attend four of the five classes and submit five reports.

Number of Credits: \_\_\_\_\_. For example; 6 credits (2 days per week) OR 3 Credits (1 day per week).

**JUDICIAL INTERNSHIP PROGRAM**

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (MI)

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

City, State, Zip \_\_\_\_\_

2. Number of credits completed at end of current semester \_\_\_\_\_.

3. Major/expected major: \_\_\_\_\_

4. Areas of interest:  
\_\_\_\_\_  
\_\_\_\_\_

5. Day(s) of week that is preferable: M T W TH F

6. Preferred location (by county): \_\_\_\_\_

7. Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLACEMENT USE ONLY**

Placement:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Day of Week: M T W TH F

**RETURN WITH RESUME AND WRITING SAMPLE**



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## JUDICIAL INTERNSHIP PLACEMENT

NAME OF JUDGE: \_\_\_\_\_

NAME OF STUDENT PARTICIPANT: \_\_\_\_\_

NAME OF COURT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

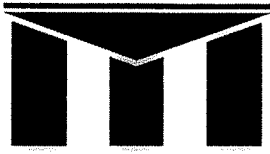
The Massachusetts School of Law Judicial Internship Program is a 10 week program designed to allow our students to assist judges.

Students are expected to work either 8 or 16 hours per week in the Court under the supervision of the participating Judge. All students participating in the Judicial Internship Program have completed their core course requirements at MSL and have achieved a minimum G.P.A of 2.5.

## CLINICAL QUESTIONNAIRE

Circle one where applicable:

1. The best day of the week for me to be able to work with the law clerk:
  1. M T W TH F S
  
2. I would prefer the semester starting in:
  2. June August January
  
3. Would you prefer to have a clerk for two full days or one full day or two half days:
  - A. Full day
  - B. Half day
  - C. Two days



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## JUDICIAL INTERNSHIP PROGRAM EVALUATION FORM (Please type or print clearly)

Dear Judge:

Name of Student Participant:

The student named above has participated in Massachusetts School of Law's judicial internship program. We would appreciate your frank evaluation of the Participant. Please fill out this form and mail it directly to us. Your prompt response will be greatly appreciated.

	No Basis for Judgment	Below Average (Lowest 40%)	Average (Middle 20%)	Good (Next 20%)	Very Good (Next 10%)	Outstanding (Highest 10%)
Native Intelligence (Analytical powers, rigor of thought, critical facility, reasoning ability)						
Independence of Thought (Originality, imagination, creative independence)						
Industry and Motivation						
Effectiveness of Oral Communication						
Effectiveness of Written Communication						
Judgment and Maturity						
Leadership Ability						
Personal Attributes (Ability to relate effectively to different people)						

Please comment on the following:

1. The student's proficiency in research:

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2. The student's writing:

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3. The student's ability to relate the theory of law to the practice of law:

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4. Areas in which the student could improve:

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5. The student's attendance at court:

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6. Other comments:

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7. Are you interested in participating in the program in the future:

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Supervising Judge

8. Areas in which the clinical program could improve:

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Thank you for participating in the program. If you have any questions, please contact us at 978.681.0800. Please send completed form to Diane M. Sullivan.

Michael L. Coyne  
Dean

Diane M. Sullivan  
Assistant Dean