*Office of the Registrar/Student Records*

**INDIVIDUAL EXTERNSHIP REGISTRATION FORM**

**\* DUE TO PROFESSOR FOSTER PRIOR TO THE FIRST DAY OF CLASSES \***

**(drop off with Sandra Pettiford in the Clinics, room 2174)**

Student (print name): Student ID #: Class Year:

Credit Hours (select/circle number): 2 3 4 Semester (circle and complete): Fall / Spring 20

*One credit hour = 50 hours externship fieldwork*

* Have you previously registered for an ad hoc, independent study, or non-law course credit? Y / N

If yes, how many such credits have you already taken?

* Have you previously registered for an Externship? Y / N

If yes, how many credits of Externship have you already taken, and with which placements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you previously taken a Legal Ethics Rules course? Y / N

If no, are you concurrently registered for an ethics course? Y / N

***ALL Externships require a faculty supervisor.***

Faculty supervisor name (print):

Faculty supervisor signature:

(Alternatively, attach an email message from your faculty supervisor, agreeing to supervise your Externship.)

If you are completing a faculty-supervised research paper in conjunction with this Externship,

please specify 1 or 2 credits: graded or ungraded?

Paper Topic (general):

Externship Host Organization Contact Information:

Name of Organization/Office (including section or division of the organization/office):

Address:

Supervising Attorney’s Name (if known):

Supervising Attorney’s Email and Phone #:

**Attach an “offer letter” from your Externship host organization, including an acknowledgement of the number of hours/credits that you are committing in the Externship placement.**

Professor Foster’s Approval:

(Signature) Date/Time