

EXTERNSHIP APPLICATION FORM – SPRING 2010

This application will be evaluated by the members of the Faculty Clinic Committee. If it is approved, the Office of the Registrar will inform you by e-mail that you are approved to register for the externship through LOCUS. **Students must submit an application to Dean Faught in Room 1477 by January 2, 2010.**

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING INFORMATION

NAME _____ **DATE** _____ **PHONE** _____

E-MAIL _____ **GPA** _____

- 1) Prior to the beginning of the Spring 2010 semester I will have completed _____ credit hours toward graduation and _____ hours of previous extern credit.
- 2) I plan to register for ___ (2 or 3) hours of extern credit. (Note: you must select one or the other. No TBAs.)
- 3) I have secured an approved externship in the area of (check one)
____Judicial ____Criminal ____Government/Agency ____ChildLaw ____Corporate ____Health Law
Required Course Number _____ **Required Call Number** _____
at the following site (name judge if applicable): _____
- 4) Extern applicants whose work, co-curricular and extra curricular activities during the semester are too demanding in the judgment of the Extern Supervisors will not be approved. Please describe these activities below.

- While I am serving as an extern I plan to take _____ additional hours of law school credit.
- Check one:
____ I will not be working at another job during the semester.
____ I will work at another job during the semester. _____ hours per week.
- I am involved in the following activities during the semester: Please note any co- or extra-curricular activities (including journals, competitions, student organizations, research assistantships, tutoring, etc.) in which you are or expect to be engaged during the semester. Please describe any other activity that may interfere with your ability to fulfill your responsibilities as an Extern.

- 5) **IMPORTANT:** Externs must select which day to attend extern classes. (See Schedule A on page 21.) Please select one of the following days and note that your selection will place you on a class list for that day. Students may not switch class days during the semester:
____ Tuesdays in TBA at 5pm or ____ Wednesdays in TBA at 5pm

* * * * *

I realize that in order to receive credit I must comply with all of the requirements of the extern program. Should I not comply with all the requirements for extern credit, I am aware that credit may be withheld.

Student's Signature: _____

Approved ____ Not Approved ____ Date _____ IN _____