



Office of Experiential Learning

Employer Extern Request Form

Please fill out the form below and attach additional documents (if necessary)

If you received this form electronically, you may type your responses, save and email to Carolyn Roan at croan@johnmarshall.edu. If you received the form by mail or fax, please complete this form, scan and email from or fax the completed form to (404) 973-2802. If you have any questions, please contact Professor Bridgett Ortega, Assistant Dean of Experiential Learning at (678) 916-2678.

Semester Participation:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Available every semester
Organization/Company Name:	_____			
Company Address:	_____			
Company City, State, Zip:	_____			
Contact Name:	_____			
Contact's Position Title:	_____			
Contact Email Address:	_____			
Contact Phone Number:	_____	Contact Fax Number:	_____	

Description of Organization: _____

Description of Student Work: _____

Preference of Student: 1L 2L 3L/4L 3rd Practice No Preference

Course or other requirements: _____

Site Category (practice area): _____

Additional information: _____

How would you like candidates to submit application materials?

- Email (each application will be emailed directly to the email address you designate below)
- Accumulate applications and send in one batch to the email designated below after the posting date has expired
- Other, please specify here:

Email to: _____

Application Receipt Deadline: _____