



Placement Approval Request

PLEASE PRINT CLEARLY:

Student Name: _____

Date: _____

PLACEMENT REQUESTED FOR THE FOLLOWING SEMESTER(S)

Fall 20 _____ Spring 20 _____ Summer 20 _____

Placement: _____

Address: _____

Telephone: _____

Email: _____

Supervising Attorney: _____

Have you contacted this placement about an externship?: _____

Was an offer extended to you?: _____

Skills expected from Placement?: _____

Will you be working for a Private Firm? _____

If so, you must have your Supervisor submit the following:

1. Certification that the firm has pro bono cases were referred by a legal service provider
2. Certification that you will not be working on any for-profit cases
3. The number and nature of the cases you will be working on

Office Use: Contact Made: _____

Externship Packet sent: _____