

# SUMMER and FALL 2019 EXTERNSHIP APPLICATION

**A CURRENT RESUME, COVER LETTER FOR EACH PLACEMENT, UNOFFICIAL TRANSCRIPT & IF APPLICABLE, CLI APPLICATION, MUST ACCOMPANY THIS APPLICATION.**

Note: There is no application for the adjunct taught practitioner clinics, you register as for other courses. Typically, a student may only take one clinic or practitioner clinic or externship a semester.

## **APPLICATIONS SHOULD BE SUBMITTED TO SUITE 255**

**The Externship application period for summer 2019: Open February 11, 2019. DUE May 3, 2019.**

**The Externship application period for fall 2019: Open February 11, 2019. DUE July 26, 2019.**

## **APPLICATIONS ARE ACCEPTED ON A ROLLING BASIS/APPLY EARLY**

NAME: \_\_\_\_\_

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

CURRENT GPA: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

# OF CREDIT HRS YOU WILL HAVE COMPLETED AT END OF FALL 2018 SEMESTER  
\_\_\_\_\_

You must have completed all first year required courses to enroll in a clinic or externship. For placements, which require a CLI you must have completed 48 credits by the end of the semester, preceding your placements. There are additional requirements for some placements. (See clinic webpage and Student Handbook)

List the courses in which you are currently enrolled \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the courses you plan to take summer or fall (the semester you plan to extern) 2019:

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Describe any part-time employment that you will have during the semester you will take the externship (Some externships do not allow outside work due to potential conflicts):

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Have you completed a clinic or externship before? Yes\_\_\_\_\_NO\_\_\_\_\_

If yes, please name the clinic or externship and the # of

credits\_\_\_\_\_

How many credits of experiential learning have you taken? \_\_\_\_\_

**Externships you for which you wish to apply:**

Please list in order of preference, the externships (up to 5) in which you wish to be placed.

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Have you also applied for any clinic? (if yes please state your preference- externship or clinic) \_\_\_\_\_

Other Placement (if you found one on your own, instead of on Symplicity) Provide Name Address, Phone No. and Email for supervising attorney.

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Briefly describe the reasons you wish to be placed in a certain externship program.

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Describe what you believe to be special qualifications you have which relate to any of the placements you have chosen.

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I hereby affirm that this application is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date