

Externship and Clinic Preference Sheet -- Summer 2019 and Fall 2019

Name _____ Current Class Year: IL 2L 3L

Phone _____ Email _____

What semester are you applying for the externship and/or clinic? Fall Summer

Number of credits you will have completed by the start of the externship or clinic? _____

Have you received your Character and Fitness Clearance letter from the FL Bar? _____

Have you completed an FCSL externship or clinic before? _____ Where? _____

Please rank your top 5 preferences* (of the externships and clinics you applied for) below:

1. _____
2. _____
3. _____
4. _____
5. _____

*You may apply to as many organizations as you would like, but you may only chose 5 as your top choices. You also do not need to select all 5 (i.e. if you only want to be considered by 2 placements, only list those 2.)

While the CSD will make every effort to match you with one of your top 5 choices. If you apply to additional placements, there is a chance you will be chosen for a placement not on your top 5 list. You are expected to accept the placement that the CSD offers you immediately. Only apply to those organizations that you would accept. Once an offer is made, all other applications become void.

By signing this form you agree to the following:

I have read the Externship Handbook and agree to the rules and policies stated in it. I also acknowledge that I must accept the placement offered to me. I may not decline one placement in hopes that I am offered another placement.

Signature: _____ Date: _____