



PLACEMENT APPROVAL REQUEST

Student Name: _____

Date: _____

PLACEMENT REQUESTED FOR THE FOLLOWING SEMESTER(S):

Fall 20_____

Spring 20_____

Summer 20_____

Placement Name: _____

Address: _____

Telephone: _____

Email: _____

Supervising
Attorney: _____

Have you contacted this placement about an externship? _____

Was an offer extended to you? _____

Will you receive compensation for your time? _____

Skills expected from Placement: _____

Will you be working for a private firm? _____

Externship Office Use Only: Contacted: ____/____/_____

Site Visit: ____/____/_____

Placement: APPROVED or DENIED. If DENIED, why? _____