

EXTERNSHIP SEMINAR ENROLLMENT

*A student may receive credit for three externships during law school.
(NOTE: Externship placements must be substantively different.)*

Section to be completed by Law Student

Student Name: _____ Student Status: Part-time Full-time

Phone Number: _____ Email: _____

I wish to enroll in the Externship Seminar for the: Fall Spring Semester of 20 ____

I have accepted an externship offer at: _____

Name of Placement

I have taken a Faculty Supervised Externship at: _____

Name of Placement

I have taken a Faculty Supervised Externship at: _____

Name of Placement

I have taken no other Law Externship.

By signing I certify that:

1. I understand I cannot **rescind** my acceptance of an externship placement offer and that it is a **binding obligation**. I understand and agree that, if I accept an externship, I am making a commitment to the externship placement and that I am obligated to follow through until the conclusion of the semester. I also understand that I will not be permitted to withdraw from the externship without the approval of the Associate Dean for Academic Affairs due to extraordinary circumstances.
2. I understand I am required to work 12 hours a week for a total of 156 hours for the semester at my externship placement.
3. I understand there is a required externship seminar component that meets weekly.
4. I understand if I am approved for student practice under SJC Rule 3:03 it will only be in place for the semester in which I am enrolled for the externship. Certification is terminated at the end of the semester by the SJC.

Student Signature

Date

Approval for enrollment in Externship Seminar

Clinical Programs Administrator's Signature

Date

Law Practice

Judicial