



Name _____ Date _____

Address _____ City State Zip _____

Phone (Home) _____ Phone (Work Cell Pager) _____

E-mail Address _____

Section 1 - Fill out if you need placement

How many clinical units have you taken to date? _____ What is your current G.P.A.? _____

Semester Desiring Externship

- Fall
- Spring
- Summer

Course Credits

- 1
- 2
- 3

Check one of the following

- Judicial
- Public
- Private
- Non-Profit

In what geographical area (city/county/suburb) do you prefer to work? _____

If you have a specific placement request, indicate this here and list at least 2 alternate choices, in order of preference, in case your first choice is unavailable. Also, please provide information about your areas of interest, strengths, weaknesses, likes/dislikes and any additional information that will assist in placing you in an extern position.

Section 2 - Fill out if you already have placement

Clinical Placement Firm/Organization _____

Supervising Attorney _____ Attorney's Phone _____

Attorney's Email _____

Attorney's Address _____ City State Zip _____

Unit Value _____ Pay No Pay Start Date _____ Ending Date _____

Email this application to:

Lonzetta Hightower
Student Services Assistant
lhightower@sjcl.edu

Please include a resume and any other statement for consideration.