

EXTERNSHIP REGISTRATION FORM

Registration for:  Fall  Spring  Summer

Name: \_\_\_\_\_  
Last First M.I.

ID#: \_\_\_\_\_

Local Address \_\_\_\_\_

Cell phone number \_\_\_\_\_

2L or 3L Expected Graduation Date Mo./Yr. \_\_\_\_\_

I am registering for the following externship:

Course #	Externship	# Cr.	Judge or Field Supervisor
Other Externships completed: _____ for _____ credits			
_____ for _____ credits			

- I currently have a cumulative GPA of \_\_\_\_\_
- I will not have more than a total of 9 hours in externships.
- If I am a 3L enrolled in more than 3 hours of a pass/fail externship in any semester I may not elect the pass/fail option for any graded course.
- If I am enrolled in the accelerated graduation program, I must be able to take a seminar during my 3rd year and meet all other requirements.
- I have completed, am enrolled in, or will enroll in the following pre- or co-requisites:

**Prosecutor's Office Externship**

- |   |   |                                   |
|---|---|-----------------------------------|
| Legal Profession <input type="checkbox"/> | Crim. Pro.: Inv. <input type="checkbox"/> | Evidence <input type="checkbox"/> |
| pre- or co-requisite                      | pre- or co-requisite                      |                                   |

- I will have completed \_\_\_\_\_ credit hours at the start of this externship
- I have secured approval or have been selected for this externship
- I will attend the mandatory orientation meeting, obtain the Student Handbook and read a copy of the appropriate guidelines for externships and I agree to abide by their provisions.

1. By signing this application, I certify that, to the best of my knowledge, all representations that I have made are true.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

2. By signing this application, I certify that this student has complied with the application procedure.

\_\_\_\_\_  
Externship Director / Faculty Supervisor Signature

\_\_\_\_\_  
Date

**Registrar's Verification**

3. My signature on this form indicates that I have verified the submitted information with Valpo Law's records.

Comments:

\_\_\_\_\_  
Registrar / Assistant Registrar

\_\_\_\_\_  
Date

**This form must be complete to register for this externship.  
If you need assistance, see Lisa Cannon, Director of Experiential Education.**