## Valparaiso University School of Law Externship Registration Form

REGISTRAT	TION for: ☐ Fall	☐ Spring	□ Summer				
Name:		First	M.I.		ID#: _		
24,0		1100					
School Address					School Tele	phone Number / Cell phone number	
					Locker Number		
Permanent Address					2L or 3L	Expected Graduation Date Mo./Yr.	
I am registeri	ing for the following	externship:					
Course #	Externship			#Cr.		Judge or Field Superviso	r
Other Externs	hips completed:				_for _ for	credits credits	
· If I am a 3L e · If I am enrolle	e more than a total of enrolled in more than a ed in the accelerated g eted, am enrolled in, or Prosecutor's Office	3 hours of a pass/fa raduation progran r will enroll in the	il externship in any n, I must be able to t	ake a ser	minar dı	not elect the pass/fail option fo uring my 3 <sup>rd</sup> year and meet al	r any graded course. I other requirements.
	Legal Profession		Crim. Pro	·Inv			
	pre-or co-requisite	<b>—</b>	pre-or co-requ			_	
			Evidence				
· I have secured · I will attend t	mpleted	en selected for this tion meeting, obtai	externship	-	read a	copy of the appropriate Guide	elines for externships
1. By signing t	his application, I certi	fy that, to the best	of my knowledge, al	l represe	entations	that I have made are true.	
Date Student's Signature							
*****	******	*****	*****	****	*****	*********	*****
2. By signing t	his application, I certi	fy that this studen	t has complied with t	the appli	cation p	rocedure.	
Date	Externship Director / Faculty Sup				visor Sign	nature	
Registrar's Ver	rification						
3. My signatur Comments:	re on this form indicat	es that I have verif	ied the submitted in	formatio	n with V	alpo Law's records.	
Date			Registrar\Assistant Registrar				