



CAREER PLANNING CENTER 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 Crim. Pro.: Inv. Evidence
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.

Director for Experiential Education / 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.**

CAREER PLANNING CENTER

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