

*Section 1 – Your Information*

Name: \_\_\_\_\_ Day/Evening: \_\_\_\_\_

COL Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester you wish to enroll:  Spring  Summer  Fall Year: \_\_\_\_\_

# Credit hours completed prior to semester of enrollment in Externship: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Have you already arranged a placement?  Yes  No  
(complete Section 2) (complete Section 3)

*Section 2 – The Placement You Have Arranged*

Placement Agency/Office/Court: \_\_\_\_\_

Primary Contact/Supervising Attorney: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Paid/Unpaid: \_\_\_\_\_

How did you hear about this placement? \_\_\_\_\_

*Section 3 – Placement Interest*

Preferred Placement: \_\_\_\_\_

Alternative Placement Choices: \_\_\_\_\_

\_\_\_\_\_

Day/Time Preferences for Placement: \_\_\_\_\_

Courses you've taken relating to your requested placement: \_\_\_\_\_

***Section 4 – Prior Externship/Internship/Clerkship/Clinic/Volunteer CEP Experience***

Please list any previous experience you've had as an extern, intern, clerk, clinical student, or for volunteer CEP hours.

Placement	Extern/Clerk/CEP/ Intern/Clinic	Did you get academic credit? If yes, when?

***Section 5 - Signature***

Please sign and date below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Externship Director use only: