

## Externship Clinic Application Form

Externship name: \_\_\_\_\_ Year/term: \_\_\_\_\_

Student name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_

How many units will you have completed by the time you plan to take the externship course? \* \_\_\_\_\_

*\*You must complete 29 units prior to beginning the clinic.*

For how many units do you plan to take this clinic? \* \_\_\_\_\_

*\*Students may enroll in 2-4 units per term, for a maximum of 13 units. First time students are encouraged to register for at least 3 units. Most externships require that you work 45 hours/unit for a minimum of 10 weeks during fall or spring terms or 8 weeks during the summer term. Please refer to the Clinical Legal Education Student Handbook, available on the externship webpage, for more information.*

Have you applied  or been accepted  to an externship placement? Yes  No

If no, please consult with Law Career Services and/or the instructor for assistance.

If yes, please complete the following:

Supervising Attorney:	Title:
Organization Name	
Address:	
Sup. Attorney Phone #:	Fax #:
Email address:	

Please indicate your practice area(s) of interest:

Please list any courses that you have taken that are relevant to your placement interest:

Course	Semester and Year	Instructor

Have you completed any other GGU clinics or externships during law school? If yes, please indicate:

Clinic/Externship	Semester and Year	Number of Units

**I understand that the instructor has the discretion to make final selections for each externship.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please return this **application** and a current **resume** to the instructor of the clinic in which you wish to enroll. Instructors and their contact information are listed in the course schedule. You may email the application and resume directly to the instructor, or submit them by email or in hard copy to the contact person listed in the course schedule.