

Pepperdine Caruso School of Law

Externship Registration

Student Information

1. Registrant must have received approval of placement from the Director of Externships. 2. The externship must be secured. 3. Registrants must be in good academic standing and have a cumulative GPA of at least 2.3. 4. Bi-weekly workshops are required for first time externs; those unable to attend a workshop may identify a faculty advisor.

Name: _____ CWID: _____ 2L / 3L: _____

Phone: _____ Email: _____

Term (e.g. Spring 2019): _____ Is your externship paid or unpaid? _____

Externs may earn one unit of academic credit per 50 hours worked, up to 10 units per semester. Students may **not** make any adjustments to their registration, work commitment or credit hours after the last day of add/drop. Students must complete all required fieldwork hours between the first and last days of law school classes. Check the [Academic Calendar](#) for those dates.

Units: _____ Approximate Hours/week: _____

Anticipated Work Days: Monday Tuesday Wednesday Thursday Friday

Start Date (1st day of classes or later): _____ End Date (last day of classes): _____

Workshop (Choose one of the options below. First time externs are required to choose a bi-weekly workshop or faculty advisor; meeting days and times are available in the [Course Schedule](#)):

Monday Workshop

Wednesday Workshop

Thursday Workshop

Faculty Advisor (Advisor's Name: _____)

Externs who are not able to attend a workshop may instead meet bi-weekly (about every other week) with a School of Law faculty member. In the space below, please provide a short explanation of the conflicts that prevent you from attending a workshop class.

Returning Extern (Returning externs are not required to attend a bi-weekly workshop, rather they are registered for a workshop with no meeting time and bi-weekly workshops are replaced with two 15-minute meetings with the Director of Externships at midterm and end of the semester.)

Externship Information

Agency: _____

Department/Division/Judge: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervising Attorney: _____

Title: _____

Phone: _____ Email: _____

Pepperdine Caruso School of Law
Externship Registration
Student Performance Agreement

As a Pepperdine Caruso School of Law extern, I agree to:

1. Complete an [Understanding of Externship Guidelines](#) to acknowledge that I understand the requirements of the Externship Program.
2. Be fully aware of my professional and ethical obligations at all times in my workplace. I agree to adhere to the Confidentiality Policy of the Clinical Education Program, as well as to familiarize myself with, and adhere to, the confidentiality policy of my workplace. The Confidentiality Policy of the Clinical Education Program is as follows:

“Externs shall not reveal information designated as confidential by their supervisor. Externs shall not reveal information relating to the representation of a client, disclose the identity of a client or reveal information leading to the disclosure or identification of a case or client without the express advance authorization of their supervisor. Externs shall redact all written work submitted to the Clinical Education Program office to preserve confidentiality.”
3. Agree to registration with the information (i.e. units and selected workshop experience) as specified in my registration materials and I have read and agreed to the finance policies as stated in the School of Law Catalog.
4. I agree that my externship will begin and end on the dates specified in my registration materials and that I will work the approximate specified hours per week. I will not alter these dates without obtaining the express consent of my supervisor and the Director of Pepperdine’s Externship Program.
5. I agree that I will not discontinue my externship for any reason without first obtaining the permission of the Director of Pepperdine’s Externship Program.
6. I understand that it is solely my responsibility to submit all documents on time that are required to complete this externship course. It is solely my responsibility to verify with the Clinical Program Manager that I have completed all course requirements on or before the last due date for the semester or summer session.
7. I understand that I will not receive credit for my externship unless and until this document is signed by me, and I comply with the other requirements of the Externship Program.

I have read this *Student Performance Agreement* and understand and agree to comply with it. I understand that my signature reflects my agreement with the terms herein.

Student Signature

Date