FORM 1: EXTERNSHIP PLACEMENT FORM

A student must be in good a	cademic standing to pa	rticipate in the	e Extern	ship Progra	am.
NAME	ID#	2L	/3L	/MDR	or LLM
MAILING ADDRESS					
CITY		STATE		ZIP	
HOME PHONE	MES	SAGE PHONE	E		
E-MAIL ADDRESS					
	REGISTE	RATION			
REGISTRATION FOR	FALL / SPRING	/ SUMMER	(che	ck one) 2	01
EXTERNSHIP WILL APPLY T WHICH EXTERNSHIP IS TH		EE: MDR	LI	M	
PREREQUISITES/RELATED Mediation Seminar	COURSES COMPLETE Negotiation	D: Mediation	Clinic		
	EXTERNSHIP PLACEN	MENT INFORM	ATION		
AGENCY					
DEPARTMENT/DIVISION					
STREET ADDRESS					
CITY		STATE		_ZIP	
PHONE	F	FAX			
SUPERVISOR					
SUPERVISOR'S PHONE	SUPE	RVISOR'S EM	AIL		
EXTERNSHIP DESCRIPTION	N OF DUTIES:				
The externship site agrees federal and state wage and		plicable laws,	, includi	ing but not	limited to,
The above student is accepted into and Pepperdine University School of		oject to the policie	es and pro	cedures of bot	h our organization
SUPERVISOR'S SIGNATURE			I	DATE	