



**PEPPERDINE UNIVERSITY SCHOOL OF LAW**  
**CONFIRMATION OF EXTERNSHIP OFFER**

*To be completed by the employer*

Please complete this form and email confirmation of an offer to the Clinical Programs Administrator at [clinicallaw@pepperdine.edu](mailto:clinicallaw@pepperdine.edu). You may also mail or fax it back to Pepperdine University School of Law (address below). Please be sure to include all of the following information:

I am authorized to offer an externship position to: \_\_\_\_\_

for the semester beginning \_\_\_\_\_

Name of supervising attorney or judge: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (voluntary): \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Fax or Mail to:

Pepperdine University School of Law  
Clinical Education Programs  
24255 Pacific Coast Highway  
Malibu, CA 90263  
p.310.506.7449 | f.310.506.7663

**Pepperdine University School of Law  
Student Performance Agreement**

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

1. Be familiar with, and comply with, all Pepperdine University School of Law Clinical Programs policies and procedures as set forth in the document provided to me entitled Pepperdine University School of Law Externship Handbook as well as with any other requirements or policies contained in the Law School Student Handbook.
  
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 Programs, as well as to familiarize myself with, and adhere to, the confidentiality policy of my workplace. The Confidentiality Policy of the Clinical Programs 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 identify of a case or client without the express advance authorization of their supervisor. Externs shall redact all written work submitted to the Clinical Programs Office to preserve confidentiality.”
  
3. I agree that my externship will begin \_\_\_\_\_ and end \_\_\_\_\_. I will not alter these dates without obtaining the express consent of my supervisor and the Director of Pepperdine’s Clinical Programs. I agree to work \_ hours per week. I agree not to discontinue my externship for any reason without first obtaining the permission of the Clinical Programs Office.
  
4. 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 Programs Administrator that I have completed all course requirements on or before the last due date for the semester or summer session.
  
5. I understand that I will not receive credit for my externship unless and until this document is signed by me and my supervisor, and I comply with the other requirements of the Clinical Programs Office.

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. I also acknowledge receipt of and understand and agree to comply with the document entitled *Pepperdine University School of Law Externship Handbook*.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date