

**Pepperdine University School of Law  
Externship Registration**

1. Registrants must have met with the Director of Externships. 2. The externship must be secured. 3. Registrants must be in good academic standing and have a cumulative GPA of 2.33. 4. Workshops are required for first time externs.

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ 2L / 3L \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Registration for:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ **Year** \_\_\_\_\_ **Units:** \_\_\_\_\_

**Have you completed a JD externship in the past?** Y \_\_\_ N \_\_\_ (if yes, no workshop required)

**Preferred Workshop\*:** #1 Mon 4pm \_\_\_\_\_ #2 Tues 6pm \_\_\_\_\_ #3 Wed 6pm \_\_\_\_\_  
*\*Note that the workshop days and locations are available in the SOL Course Schedule. Workshops meet bi-weekly.*

**Externship Information**

Agency: \_\_\_\_\_  
Department/Division/Judge: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Anticipated Work Days: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fri \_\_\_\_\_

Hours: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature indicates you wish to be officially enrolled and that you have read and agreed to the financial policies as stated in the School of Law catalog.*

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**Clinical Office Use Only**

GPA: \_\_\_\_\_ Course: \_\_\_\_\_  
Offer Received: \_\_\_\_\_ Units: \_\_\_\_\_  
Workshop: \_\_\_\_\_  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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

*To be completed by the employer*

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

**Fax or Mail to:**

Pepperdine University School of Law  
Clinical Education Programs  
24255 Pacific Coast Highway  
Malibu, CA 90263  
Phone: (310) 506-7449  
Fax: (310) 506-6596

## 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 with 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 requirement 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*.

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

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

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

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

Date:\_\_\_\_\_

Date:\_\_\_\_\_