

Pepperdine University School of Law
Summer 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: _____

Term: Summer _____(year) **Is your externship paid or unpaid?** **Units:**

Have you completed a JD externship in the past? (if yes, no workshop required)

Preferred Workshop*: Monday On-Campus Thursday On-line

**Note that the workshop days and locations are available in the SOL Course Schedule. Externs in placement in LA, Orange and Ventura County must attend the On-Campus Workshop. Out of area externs may enroll in the on-line workshop.*

Externship Information

Agency: _____

Department/Division/Judge: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Start Date: _____ End Date: _____ Hours: _____

Anticipated Work Days: Monday Tuesday Wednesday Thursday Friday

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.

Clinical Office Use Only

GPA: _____ Approved by: _____ Date: _____

Pepperdine University
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. 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): _____

Supervisor Signature: _____ 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 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 [Externship Program Handbook](#).

Student Signature: _____

Date: _____