

FORM 1: EXTERNSHIP PLACEMENT FORM

A student must be in good academic standing to participate in the Externship Program.

NAME _____ ID# _____ 2L/3L/MDR or LL.M.

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MESSAGE PHONE _____

E-MAIL ADDRESS _____

REGISTRATION

REGISTRATION FOR FALL / SPRING / SUMMER (**circle one**) 201__

EXTERNSHIP WILL APPLY TOWARD WHICH DEGREE: ___ **MDR** ___ **LL.M.**
WHICH EXTERNSHIP IS THIS? ___1 ___2 ___3

PREREQUISITES/RELATED COURSES COMPLETED:

___Mediation Seminar ___Negotiation ___Mediation Clinic

EXTERNSHIP PLACEMENT INFORMATION

AGENCY _____

DEPARTMENT/DIVISION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

SUPERVISOR _____

SUPERVISOR'S PHONE _____

SUPERVISOR'S EMAIL _____

EXTERNSHIP DESCRIPTION OF DUTIES: _____

The above student is accepted into this externship placement, subject to the policies and procedures of both our organization and Pepperdine University School of Law.

SUPERVISOR'S
SIGNATURE _____

DATE _____