

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 externship supervisor affirms that the organization/firm is not billing clients for the extern's work product or hours.

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 _____