

UNIVERSITY OF CONNECTICUT
SCHOOL OF LAW
**APPROVAL OF INDIVIDUAL EXTERNSHIP BY PLACEMENT
AND FACULTY SUPERVISORS**

Student:

Placement:

Faculty Supervisor:

Placement Supervisor

Name: _____

Address: _____

Email: _____

Phone/Extension: _____

Semester:

Time to be devoted by student to field work per week:

Total number of weeks:

Tasks to be assigned (please be as specific as possible):

Written work to be produced by extern:

Describe one specific project to be done by the extern:

I approve of this externship and agree to supervise it according to the University of Connecticut School of Law policy on externships.

Placement Supervisor's signature

Faculty Supervisor's signature

Date

Date