

UNIVERSITY OF CONNECTICUT
SCHOOL OF LAW

INDIVIDUAL EXTERNSHIP APPLICATION

Student's name (please print): _____ Date: _____

PeopleSoft Student ID Number (7 digits): _____

Course number 7996- _____ (For Office Use Only – Please Leave Blank)

Semester	Number of credits (must be UNGRADED)	Check present year and division in law school	
		D2	E2
		D3	E3
		D4	E4

Total number of special research project (SRP) credits and individual externship credits for which you have enrolled to date (excluding this externship): _____

Number of SRP credits for which you are enrolled during the externship semester: _____

Total number of credits completed to date: _____

Name of placement organization/agency: _____

Name of placement supervisor (please print): _____

Name of faculty supervisor (please print): _____

Brief description of project:

Date externship begins:	Date externship is to be completed:
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<input type="checkbox"/> I certify that I will receive <u>no monetary compensation</u> for my work for this organization or agency during this semester.	
<input type="checkbox"/> I further certify that if I am on <u>F-1 visa status</u> , I have obtained CPT certification or a waiver of such requirement.	
Student's signature	Date:
Associate Dean's (or Designee's) signature	Date:
LLM Director Signature	Date: