

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:

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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:

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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