University of Mississippi School of Law Externship Program

EXTERN INFORMATION FORM

[Insert your name here]

STUDENT NAME, EMAIL, PHONE AND MAILING ADDRESS			
PLACEMENT OFFICE WITH ADDRESS AND PHONE			
ON CITE CURERVICOR MANAE FAMALL RUGUES AND MANAE ARREST			
ON-SITE SUPERVISOR NAME, EMAIL, PHONE AND MAILING ADDRESS			
CREDIT HOURS	ON-SITE HOURS	SCHOOL YEAR	LIMITED PRACTICE
Sought for externship	Required for completion	Current school year	Yes / No / Comments
CTART DATE		DATE	
START DATE		END DATE	
COMMENTS			