MICHIGAN STATE UNIVERSITY COLLEGE OF LAW
REGISTRAR EXTERNSHIP ENROLLMENT FORM

SEMESTER: Fall Spring Summer (Please Circle) Year: _____

STUDENT NAME: _____

PID#: _____

MSU E-MAIL ADDRESS: _____

CELL OR HOME PHONE: _____

EXTERNSHIP SITE NAME: _____

ADDRESS: _____

SUPERVISORY ATTORNEY NAME: _____

NUMBER OF CREDITS: _____

****FOR SUMMER SEMESTER ONLY****

START DATE_____ END DATE_____

*In order to process the externship paperwork during the **summer semester only** we will need the dates*

PREVIOUS EXTERNSHIP PLACEMENT(S) (including Washington DC and Ottawa Programs):

SITE: _____SEMESTER:_____CREDITS: _____

SITE: _____SEMESTER:_____CREDITS: _____

STUDENT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:
MSU LAW EXTERNSHIP PROGRAM DIRECTOR

SIGNATURE: _____ Date: _____

COURSE NUMBER: _____ Staff Initials: _____
SECTION NUMBER: _____ Date Entered: _____

SECTION ID NUMBER: _____

Please return to: Career Services Office, MSU College of Law, 301 Law College Bldg., East Lansing, MI, 48824.
Or fax to: 517-432-6831

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