

**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
Students are required to work at least 10 weeks during the summer semester

***STUDENT SIGNATURE:** _____

***DATE:** _____

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

SITE: _____ **SEMESTER:** _____ **CREDITS:** _____

SITE: _____ **SEMESTER:** _____ **CREDITS:** _____

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