

PLACEMENT REQUEST FORM

Organization:

Supervising Attorney's Name:

Telephone Number: _____ Fax Number:

Email Address:

General description of work to be performed by student(s):

List of required qualifications of student(s) e.g., class year, minimum GPA, etc.

Anticipated number of hours student(s) will work per week:

Anticipated length of the project:

Is there any deadline related to this placement:

Please check any of the following items that you require, in addition to a resume, prior to placing a student: writing sample references transcript Other (please explain below)