



**DUQUESNE UNIVERSITY SCHOOL OF LAW
DEPARTMENT OF CLINICAL LEGAL EDUCATION**

Externship Acceptance and Commitment Agreement

Student name _____

Student year & division in **Fall 2009** (3D or 4E, 2D, 3E, or 3 PTD etc.) _____

Address _____

Telephone _____ Duq. Email _____

Other Email _____

Externship Site _____

PLEASE READ AND SIGN

I recognize the demands placed on judges, agency attorneys, public officials and others who serve as sponsors and supervisors of externships. I agree to evidence professional responsibility by making a firm commitment to my externship assignment. I also agree to adhere to the terms outlined in the General Requirements and Reporting Requirements provided to me and my externship site. I understand that my failure to honor this commitment may result in my being prohibited from further participation in the externship or clinical program.

Once a student has accepted an externship, drops will not be permitted later than June 3, 2009, for Fall 2009 externships, or later than November 30, 2009, for Spring 2010, except on account of extraordinary circumstances and with the permission of the Clinic Director and the Associate Dean.

I also agree to attend the mandatory clinic orientation during the first week of classes.

Student Signature

Date