



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

**EXTERNSHIP REGISTRATION FORM**

Consult the Clinic's list of approved externship sites to determine your preferred externship placement.

All externships are 3-credit, semester long, Pass/Fail courses requiring 140 hours of work over the course of a 14-week semester.

**Submit this form along with a résumé and short writing sample (5 pages or less) to the Clinic office in 632 Fisher Hall.**

Student name \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Duq. Email \_\_\_\_\_

Requested Externship \_\_\_\_\_

\_\_\_\_\_

Semester/Year of Externship: Fall / Spring / Summer \_\_\_\_\_

***PLEASE NOTE: ENROLLMENT IN AN EXTERNSHIP IS BINDING. STUDENTS ENROLLED WILL BE REQUIRED TO EXECUTE A COMMITMENT LETTER.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date