



Externship Placement Registration Request

Name of Student: _____ X Number of Student: _____

Preferred Email Address: _____ Semester: _____

Name of Placement: _____

Address of Placement: _____

Supervising Attorney Name: _____ Supervising Attorney Email: _____

Supervising Attorney Phone Number: _____

The expectation is that all placements will be in person. Is your placement in person? ____YES ____ NO

If your proposed placement is only being offered in a format other than in person (remote or a hybrid of remote and in person), please explain:

Is there a familial relationship between you and your supervising attorney or any member of the placement site?
____YES ____NO

If yes, please explain _____

Have you ever worked/interned with the placement site before? ____YES ____NO

If yes, please explain _____

Will you be getting paid for the work you are doing at your externship? ____YES ____NO

Please sign and return as soon as possible to externships@stjohns.edu so that you can be registered for the placement portion of the Externship Program.

Signature: _____ Date: _____

In order to participate in the Externship Program, students must have a confirmed placement TWO WEEKS prior to the start of the semester in which the student wants to participate. Students must return the Externship Placement Registration form to externships@stjohns.edu by that date. Students who do not report their externship placement by the due date will be dropped from the externship seminar. This timing will allow for enrollment and waitlist management as well as the time needed to approve new proposed externship partners.