



**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

Externship Agreement Form

Student Name

Name of Organization

Supervisor Name (Prefix, Name and Title)

Address of Organization

(Area Code) Telephone Number

(Area Code) Fax Number

Email Address of Supervisor

Externship Position Description (Including duties and responsibilities of student)

If this externship is at a new site, please provide an agency description (you may attach separate sheets if needed)

I am committed to providing the student with work assignments that correlate with the objectives as outlined in the attached MSU College of Law Externship Program Guide. The student will be provided with an orientation, supervision and evaluation.

Supervisor Signature

Date

Please return to: Career Services Office, MSU College of Law, 301 Law College Bldg., East Lansing, MI, 48824. Or fax to: 517-432-6831

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