

MICHIGAN STATE UNIVERSITY COLLEGE OF LAW

REGISTRAR EXTERNSHIP ENROLLMENT FORM

SEMESTER: Fall Spring Summer (Please Circle) **Year:** _____

STUDENT NAME: _____

PID#: _____

MSU E-MAIL ADDRESS: _____

CELL OR HOME PHONE: _____

EXTERNSHIP SITE NAME: _____

ADDRESS: _____

SUPERVISORY ATTORNEY NAME: _____

NUMBER OF CREDITS: _____

PREVIOUS EXTERNSHIP PLACEMENT(S) (including Washington DC and Ottawa Programs):

SITE: _____ **SEMESTER:** _____ **CREDITS:** _____

SITE: _____ **SEMESTER:** _____ **CREDITS:** _____

STUDENT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

MSU LAW EXTERNSHIP PROGRAM DIRECTOR

SIGNATURE: _____ **Date:** _____

COURSE NUMBER: _____ **Staff Initials:** _____

SECTION NUMBER: _____ **Date Entered:** _____

SECTION ID NUMBER: _____