

AGENCY INTERNSHIP APPLICATION



Student Name: _____

Application Date: _____

Address: _____

Email Address: _____

City/State/Zip: _____

Student ID #: _____

Phone (Cell): _____

Semester: _____

Phone (Home): _____

Placement Name: _____

Placement Address: _____

City/State/Zip: _____

Nature of Work to be Performed: Civil

Criminal

Appellate

Placement Supervisor (Attorney): _____

Supervisor Phone: _____

Placement Supervisor email: _____

Time Period of Program: From: _____

To: _____

Hours per week: _____

of Units Desired: _____

Duties of Student in the Program:

Research

Writing (Memos/Briefs)

Drafting

Client Contact (*Observation only*)

Contact with Opposing Attorneys (*Observation only*)

Contact with the Public (Explain): _____

Contact with Other Agencies (Explain): _____

Legal Conferences (*Observation only*)

Client Conferences

Negotiation Meetings

Transactional Closing

Legal Proceedings
Observation only

Motions
Observation only

Trials
Observation only

Depositions
Observation only

Appeals
Observation only

Admin Hearings
Observation only

Other Duties/Experiences (Explain): _____