



**Externship Placement Registration Request**

Name of Student: \_\_\_\_\_ X Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_ Semester: \_\_\_\_\_

Name of Placement: \_\_\_\_\_

Address of Placement: \_\_\_\_\_

Supervising Attorney Name: \_\_\_\_\_ Supervising Attorney  
Phone Number: \_\_\_\_\_

Supervising Attorney Email Address: \_\_\_\_\_

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 and please also indicate the current operational status of the team to which you will be assigned (i.e., in-person, hybrid or fully remote):

Is there a familial relationship between you and your supervising attorney or any member of the placement site?  
\_\_\_\_YES \_\_\_\_NO

If yes, please explain \_\_\_\_\_

Students are not permitted to register for an externship in the same semester they are registered for a clinic. Have you have been accepted into a clinic for the same semester as your proposed placement? \_\_\_\_YES \_\_\_\_NO

Have you ever worked with the placement site before in any capacity? \_\_\_\_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 (but in no event less than TWO WEEKS prior to the start of the semester in which you wish to participate) to [externships@stjohns.edu](mailto:externships@stjohns.edu) so that you can be registered for the placement portion of the Externship Program. 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 newly proposed externship partners.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_