



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 THREE WEEKS prior to the start of the semester in which you wish to participate) to 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: _____