

SOUTHERN UNIVERSITY
L A W C E N T E R

EXTERNSHIP PROGRAM APPLICATION

STUDENT NAME: _____

STUDENT HOME ADDRESS: _____

STUDENT PHONE NUMBER: _____

STUDENT EMAIL ADDRESS: _____

ASSIGNED PLACEMENT: _____

START DATE OF PLACEMENT: _____

ASSIGNED PLACEMENT ADDRESS: _____

ASSIGNED PLACEMENT PHONE NUMBER: _____

SUPERVISING ATTORNEY NAME: _____

SUPERVISING ATTORNEY PHONE NUMBER: _____

SUPERVISING ATTORNEY EMAIL ADDRESS: _____