EXTERNSHIP REGISTRATION FORM

Student Name: ____________________________ Degree ________ Student ID #: ___ Class Year:_______

Type of Externship (select): □ Individual / □ Advanced

Semester (select): □ Fall 20___ / □ Spring 20___ This placement (select): □ will / □ will not be remote

Credit Hours (not including seminar) (select): □ 2 □ 3 □ 4

One credit hour = 50 hours externship fieldwork. Credit modifications are not permitted after the end of Drop/Add.

How many total credits are you registered for?: _____________

Please note that you may not exceed a total of 16 credits, including Externship credits.

Have you previously registered for an ad hoc, independent study, or non-law course credit? □ Y / □ N

If yes, how many such credits have you already taken? ________________

Have you previously taken a Legal Ethics Rules course? □ Y / □ N

If no, are you concurrently registered for an ethics course? □ Y / □ N

Are you planning to enroll in a Duke Law Clinic this semester? □ Y / □ N

If yes, which one? __________________________

Have you obtained permission from both the clinic director and Professor Gordon? □ Y / □ N

Is this an Advanced Externship (i.e. have you previously completed an Externship)? □ Y / □ N

If yes, how many credits of Externship have you already taken, and at which placement site? ________________

________________________________________________________________________

Are you planning to practice as a certified legal intern (NC State Bar Student Certification)? □ Y / □ N

Which Externship Seminar do you prefer (this is required for first-time externs)?

□ Tuesdays 6-8pm, Aug 23-Oct 4 □ This is my ONLY available option

□ Thursdays 6-8pm, Aug 25-Oct 6 □ This is my ONLY available option

□ Either day works for me (thank you!!)

Externship Host Organization Contact Information:

Name of Organization/Office (including section or division of the organization/office):

____________________________________________________________________________________________

Address: _____________________________________________________________________________________

Supervising Attorney’s Name: __________________________________________________________________

Supervising Attorney’s Email and phone number: ____________________________________________________

Attach an “offer letter” from your Externship host organization, including an acknowledgement of the number of hours/credits that you are committing in the Externship placement.

**If you are at Duke with an F or J visa, it is your responsibility to contact the Visa Office to obtain Curricular Practical Training (CPT) or Academic Practical Training (AT), including forms signed by the Dean’s Office, before the start of the externship. Address any questions to VisaServicesCPT@duke.edu.