

**PUBLIC INTEREST/PUBLIC SERVICE PRACTICE COURSE
INTERNSHIP FORM**

Directions: Part I of this form is to be completed by the student. Part 2 is to be completed by the employer.

PART I

Name of student _____

Telephone number _____

Email address _____

Number of credits for which student seeks to obtain for the Public Interest/Public Service Practice course (select only one):

- Two (2) credit hours.
- Three (3) credit hours.

PART II: To be completed and signed by the employer's representative.

Name of employer _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

Phone number _____ Fax number _____

Email Address _____

Please select only one of the following categories that best describes the employer:

- Judiciary (including courts and adjudicatory administrative bodies).
- Governmental agency (federal, state or local)
- Non-profit agency

- Private law firm with at least one area of practice that benefits the low income or other disadvantaged groups or individuals. Please specify the area(s) of practice in which the student will be assisting: _____

Dates upon which student is to begin and end summer internship: _____

What is the minimum number of hours that the student is to work each week? Please select only one of the following categories.

- Twenty (20) hours per week.
- Thirty (30) hours per week.

Describe the legal tasks with which students are to be engaged.

What percentage of the internship will be devoted to each of the tasks enumerated above?

Name(s) of the attorney-supervisor(s) of the student _____

On behalf of the employer, I certify that the above-referenced student will not be receiving any financial compensation of any kind for the student's internship for which the student seeks academic credit in the course entitled the Public Interest/Public Service Practice course.

Signature of the person completing form

Name of the person completing the form (please print)

Dated _____