PUBLIC INTEREST/PUBLIC SERVICE PRACTICE COURSE
INTERNSHIP FORM

IMPORTANT: All placements must be approved by the course instructor. Please contact the course instructor before you submit this form to your placement.

Directions: Part I of this form is to be completed by the student. Part II is to be completed by the internship representative.

PART I:

Name of student: ____________________________________________

Telephone number: ____________________________________________

Email address: ________________________________________________

Number of credits 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 internship supervisor or the internship’s representative.

Name of placement organization: ____________________________________________

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

(Requires Instructor’s Advance Approval) Private law firm with at least one area of practice that benefits 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 placement, 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 Public Interest/Public Service Practice course.

________________________________________
Signature of the person completing form

________________________________________ Date: ________________
Name of the person completing the form (please print)