



Office of Academic Records Externship Permission Form

HOFSTRA UNIVERSITY
School of Law
121 Hofstra University
Hempstead, NY 11549

For Assistance: 516.463.5917 Monday – Friday, 9 a.m. to 5 p.m.
Fax: 516.463.6251
Room 114
E-mail: lawoar@hofstra.edu

Directions: Please complete the information below and return to the Office of Academic Records *before* the end of the Drop/Add period. Externships may be taken only once by a student. For additional information, refer to the course description on the website.

STUDENT INFORMATION

Name: _____
First Middle Last

Student ID (700 #): 700 - _____

Full-Time: <input type="checkbox"/> 3L <input type="checkbox"/> 2L	Part-Time: <input type="checkbox"/> 4L <input type="checkbox"/> 3L <input type="checkbox"/> 2L
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CONTACT INFORMATION

Home Phone #: _____ Work Phone #: _____
E-mail address: _____

PLACEMENT INFORMATION

Please read and sign below:
For any semester in which an Externship is elected (except summer):
 Full-time students must take classroom courses equaling a minimum of 7 credit hours, and the combined credits of classroom and non-classroom courses must equal at least 12 credit hours.
 Part-time students must take classroom courses equaling a minimum of 5 credit hours, and the combined credits of classroom and non-classroom courses must equal at least 8 credit hours.

I am seeking placement for: Fall Spring Summer

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: Placement Information

Approved: Yes No

Description of placement:

Professor Signature: _____ Date: _____