

**EXTERNSHIP (340)  
REGISTRATION AUTHORIZATION**

**(PRINT LEGIBLY!)**

**STUDENT:** \_\_\_\_\_

**STUDENT WFU ID#:** \_\_\_\_\_

**TYPE OF EXTERNSHIP:** \_\_\_\_\_ **NON-JUDICIAL** \_\_\_\_\_ **JUDICIAL**

**PLACEMENT:** \_\_\_\_\_

**SUPERVISING ATTORNEY OR JUDGE:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_ **20** \_\_\_\_\_

**FACULTY SUPERVISOR:** \_\_\_\_\_

**To the Faculty Supervisor:** The above named student is authorized to register for course 340 Externship under my supervision. Upon successful completion, the student is eligible to earn the corresponding number of credit hours as indicated below:

\_\_\_\_\_ **1 HOUR HONORS, PASS, LOW PASS, FAIL** **OR**

\_\_\_\_\_ **2 HOURS HONORS, PASS, LOW PASS, FAIL**

\_\_\_\_\_  
**FACULTY SUPERVISOR'S SIGNATURE**

**To the Student:** I understand that I may register for 340 Externship, and upon successful completion, earn 1 or 2 credit hours as indicated above.

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

**RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE.**