

FORM 102
CHARLESTON SCHOOL OF LAW
STUDENT'S EXTERNSHIP PLACEMENT SCHEDULE

Student: _____

Placement Site: _____

Site Supervisor: _____

Please note below both the date of your first day at your placement site, and your work schedule for your externship placement.

DATE OF FIRST DAY AT SITE: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Student / Date: _____

Faculty Supervisor / Date: _____

Externship Director / Date: _____

Site Supervisor / Date: _____

RETURN FORM TO
Prof. Jim Klein
385 MEETING STREET, SUITE 322
OR EMAIL JKLEIN@CHARLESTONLAW.EDU