

**FORM 101**  
**Charleston School of Law Faculty Sponsor Form for Extern**

This Externship is for: Fall \_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Student Name:

\_\_\_\_\_

Student Address:

\_\_\_\_\_

Student Contact Number:

\_\_\_\_\_

Student e-mail address:

\_\_\_\_\_

\*Current Status: 1L Day \_\_\_ 2L Day \_\_\_ 3L Day \_\_\_ 2L Part-time \_\_\_  
3L Part-time \_\_\_ 4L Part-time \_\_\_ Other \_\_\_

\*Before beginning the Externship course you must have successfully completed at least 30 credit hours and be in good academic standing.

Are you also planning to work in a law office during the semester at a non-externship Site?

\_\_\_\_\_

If so, how many hours? \_\_\_\_\_

The Site where you have been offered an Externship: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_

Site Supervisor's Address: \_\_\_\_\_

Site Supervisor's Phone Number: \_\_\_\_\_

Number of credit hours to be earned: 2 \_\_\_\_\_ 3 \_\_\_\_\_

Number of credit hours previously earned in the Externship Program: \_\_\_\_\_ Where? \_\_\_\_\_

**I VERIFY THAT:**

1. I am not on academic probation.
2. I have completed or will complete 30 credit hours at CSOL by the start of the semester of which I am to extern.
3. I have an offer from an approved Externship Site that is on the site list or has been approved by the Director.
4. By taking the Externship Course this semester, I am not exceeding the maximum six (6) credit hours towards graduation allowed by CSOL for the Externship Courses.
5. A CSOL Faculty member has agreed to be my Faculty Sponsor for this Externship Course.

6. I have discussed the requirements of the Externship Course with my Faculty Sponsor and have agreed to the conditions set forth in our discussion and in the CSOL Externship Policies and Procedures Manual.

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Signature of Student

I agree to supervise the above named student in the externship indicated above.

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Signature of Faculty Sponsor/Date

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Signature of Externship Director/Date