

FIELD PLACEMENT PROGRAM

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Sacramento, CA 95817
916.739.7188

UNIVERSITY OF THE
PACIFIC
McGeorge School of Law

FIELD PLACEMENT COURSE ENROLLMENT & DROP FORM

STUDENT NAME: _____

STUDENT ID NUMBER: _____

YEAR/DIVISION: _____ PACIFIC EMAIL: _____

PREFERRED EMAIL: _____

STUDENT TELEPHONE: _____

STUDENT ADDRESS: _____

CITY, STATE & ZIP

COURSE NUMBER: _____ TITLE: _____

PLACEMENT: _____

SUPERVISOR: _____

NUMBER OF UNITS: _____ REPEAT EXTERNSHIP: Y / N LETTER ATTACHED: Y / N

SEMESTER: FALL _____ SPRING _____ SUMMER _____

I have reviewed the Program handbook and this document and agree to act in accordance with the expectations defined. I am aware that I may contact the Seminar Professor or the Director of Field Placements with any questions or issues that arise during the externship.

Student Signature: _____ DATE: _____

ENROLLMENT APPROVED BY DIRECTOR: _____ **DATE:** _____

Note: _____

RECEIVED BY REGISTRAR: _____ **DATE:** _____

DROP COURSE# _____ **STUDENT SIGNATURE:** _____ **DATE:** _____

Note: _____

APPROVED BY DIRECTOR: _____ **DATE:** _____

RECEIVED BY REGISTRAR: _____ **DATE:** _____