Semester: Click to select Year: enter year Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professor:

EXTERNSHIP ENROLLMENT FORM

This form must be completed and returned to the Externship Instructor as a condition of enrollment in the Externship Program. All students must also register for their externship through Lobo Web with the University. Once approved you will receive an email from the law school registrar to include the Course Requisition Number (CRN) for registration. The purpose of this form is to ensure that you as a student understand and comply with the requirements of the extern program and that your supervising attorney is fully informed of your work schedule and the general requirements of the program. It is recommended that you keep a copy of this form for your records.

THIS FORM MUST BE COMPLETED PRIOR TO BEGINNING YOUR EXTERNSHIP. Any questions about this form should be directed to the Externship Instructor, and any questions about the extemship program generally should be directed to the Externship Instructor.

I, Full Name, a click here to select year law student enrolled at the University of New Mexico School of Law, Extern Program, as a condition of my enrollment and completion of my externship hereby agree to the following:

My current contact information:

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

1. I request to be enrolled in the following section of the Externship Program:

[ ] \*ADR [ ] Judicial Externship [ ] Law office Externship

[ ] \* I certify that I have completed a 40-hour Mediation Certificate Program

Initials: 

1. My externship office information:

Supervising Attorney Name: Click or tap here to enter text.

Name of Office: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Supervisor Email: Click or tap here to enter text.

1. I will include a brief written statement detailing my interest in completing this externship and my goals for this experiential learning. I will attach this statement along with my completed enrollment form in an email to the Externship Instructor.

 Initials: 

1. I am enrolling for click or tap to select. I understand that I must complete an allotted number of work hours. If I enroll for two (2) credits I must complete 85 work hours, and for three (3) credits I must work 128 hours. Class attendance hour may be counted toward this requirement.

Initials: 

1. Prior to enrolling for this externship, I have or will have completed the first year curriculum.

 Initials: 

1. My externship will begin Click or tap to enter a date. and will end on Click or tap to enter a date., and I will work the required number of hours each week to fulfill the requirement of the course.

My extern office hours will be as follows: Click or tap here to enter text.

Initials: 

1. [ ]  I will not be receiving compensation of any kind for this externship

[ ]  I will receive funding or compensation of any kind for this externship.

 i) If so, who/what is the source of compensation or funding?

 Click or tap here to enter text.

 ii) How much is the compensation Click or tap here to enter text.

1. I have read and understand the course description and for the externship program I am enrolled in.

Initials: 

1. I have read and understand Rule 1-094 of the New Mexico Rules of Civil Procedure Annotated governing clinical education or the relevant student practice rule in the state I will be externing.

Initials: 

1. CLASSROOM COMPONENT

I understand that there is a required classroom component of one 50 minute class per week that I must attend in person.

 Initials: 

1. TIMESHEETS

I understand that I am required to submit one timesheet for every two-week period of my externship, using the timesheet provided for the course. I also understand that I must obtain my supervising attorney signature on the form and provide to the Externship Instructor immediately following each two-week time period. Timesheets will be audited by the instructor; should there be a delay in upload of my timesheet I will notify the instructor.

 Initials: 

1. WITHDRAWAL FROM EXTERNSHIP

I understand that if I wish to withdraw from an externship I must comply with the Law School regulation regarding dropping a course and I must also confer with the Externship Instructor and my supervising attorney to ensure that my withdrawal is done in a professional and non-prejudicial manner. **Students wanting to withdraw from an enrolled externship must first discuss the proposed withdrawal with the Externship Instructor.**

 Initials: 

1. COURSE REQUIREMENTS

In addition to successful completion of the fieldwork hours and submission of corresponding timesheets, and final evaluation from my fieldwork supervisor, I understand that I will be expected to complete additional class assignments as described in the course syllabus. **I also understand that there is a requirement to demonstrate ten pages of written work-product by the last day of class. These pages are not turned in to the instructor to protect client confidentiality. The supervising attorney will certify that this requirement is met as a part of the final evaluation.**

 Initials: 

1. I understand that my supervising attorney will submit a written evaluation and a recommendation of whether I am to receive credit in this externship. This evaluation will be submitted by the Supervising Attorney to the Externship Instructor after the completion of the externship.

Initials: 

1. I understand that a **student may not** enroll in Clinic in the same semester as an externship.

 Initials: 

1. Including my externship, I will be enrolled for \_\_\_ credit hours this semester.

Initials: 

1. [ ]  I will not be working with a public sector employer.

[ ]  I will be working with a public sector employer.

Generally, externships are limited to public sector employers (e.g., non-profit organizations, government agencies, judicial chambers, etc.). Externships with private employers are limited to work exclusively on *pro bono* matters, if you are considering such externships both the student and the employer must obtain permission from the Dean for Academic Affairs and meet with the Externship Instructor.

1. This is my second externship for credit, I understand approval is required by the Associate Dean of Experiential Learning. I will email a formal request by email to include a brief statement explaining the difference in the experiences and how the second experience will align with my career goals. I will include this approval with the enrollment form.

Initials: 

**I understand it is my responsibility to comply with the above requirement and failure to comply with these requirements will adversely affect my grade in the externship or result in denial of credit.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 Click or tap to enter a date.

 Date