

SUPERVISING ATTORNEY ACCEPTANCE OF STUDENT
EXTERN

University of Denver, Sturm College of Law
Legal Externship Program

Supervising Attorney/Mentor's Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

I have met with _____ and have accepted him/her
as my student extern for the _____ semester for _____ number of credits.

*3 credits is an average externship, however anywhere from 2-6 credits are offered
(50 hours equals one academic credit)*

Supervising Attorney's Signature

Date

Completed forms may be returned via mail or fax to:

University of Denver, Sturm College of Law
2255 E. Evans Ave. Suite 365L
Denver, CO 80208

Voice: (303) 871-6486 / Fax: (303) 871-6161

Or

Email a pdf copy to externship@law.du.edu