



University of Missouri School of Law
Externship Professional Commitment Form

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Indicate number of credits you will be taking:
I plan to take an Externship for: \_\_\_\_\_ credits (2-3 allowed)
I plan to take the Semester-in-Practice for: \_\_\_\_\_ credits (4-9 allowed)

I have previously received credit for
(Indicate number of credits):

Externship \_\_\_\_\_ hrs.
Judicial Externship \_\_\_\_\_ hrs.
Landlord/Tenant Practice \_\_\_\_\_ hrs.
South Africa Externship \_\_\_\_\_ hrs.

I have secured a placement in the following organization:

Name \_\_\_\_\_ City, State \_\_\_\_\_

Supervising Attorney \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*\*I have / have not (circle one) previously received externship credit in a placement with this organization.

I hereby acknowledge and agree that I have read the Student Handbook and the Supervisor Manual, and understand the nature of the externship experience, the opportunities I will have for feedback and self-evaluation on my performance, the role of the professor teaching the classroom component of this course and of my supervisor, and the manner in which my academic performance will be evaluated. In particular, I understand and acknowledge that:

- 1. All required hours of work at the placement site must be completed by the end of the semester.
2. All course requirements as set forth in the Student Handbook must be satisfied in order to receive academic credit for the course.
3. All of my work will be supervised by an attorney.
4. I have read Rule 4 of the Missouri Rules of Professional Conduct (or corresponding rule in the jurisdiction where I will be working) and agree to perform my duties as an extern in accordance with this Rule.
5. I have previously taken and passed Professional Responsibility, am registered for the class during the semester concurrent with the externship course, or will watch the video on ethics and professionalism prior to beginning my placement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form first to Career Services for approval. For the Semester in Practice, you will also need approval from Dean Mitchell.

Approval: Career Services \_\_\_\_\_
Dean Mitchell \_\_\_\_\_