

# LL.M. Program Externship Course Approval Form

Student's Name \_\_\_\_\_

Semester \_\_\_\_\_

Externship Supervisor \_\_\_\_\_

Externship Location \_\_\_\_\_

Credits (1-3; guideline of 60 hours per credit) \_\_\_\_\_

Brief description of externship work \_\_\_\_\_

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Signature of Student \_\_\_\_\_

Signature of Externship Supervisor \_\_\_\_\_

Signature of Faculty Supervisor \_\_\_\_\_

Signature of Director of LL.M. Program \_\_\_\_\_

Date \_\_\_\_\_