

## HEALTH LAW EXTERNSHIP ACCEPTANCE FORM

This form must be completed by the student and signed by the externship supervisor. Please submit to Assistant Director, Megan Bess, by email at [mbess@luc.edu](mailto:mbess@luc.edu), fax at 312-915-6212.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Degree Program/Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Desired Semester \_\_\_\_\_

Registering for Credit?      YES    NO    Credit Hours Sought \_\_\_\_\_

Externship Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

### EXTERNSHIP PROJECTS AND GOALS

(Supervisor and student should discuss projects and goals and summarize below.)

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### EXTERNSHIP HOURS AND DURATION

(Supervisor and student should discuss expected hours and duration and list below.)

Days/Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### SIGNATURES

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
Supervisor Signature & Date

**For Internal Use Only** Date Received \_\_\_\_\_ Registered \_\_\_\_\_

Notes \_\_\_\_\_