



*The University of Mississippi*

**THE UNIVERSITY OF MISSISSIPPI  
DEPARTMENT OF LEGAL STUDIES**

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**STUDENT APPLICATION FORM**

Please fill out the following completely and legibly.

STUDENT NAME	
STUDENT ID #	
MOST RECENT GPA	
SEMESTER/TERM STUDENT WILL RECEIVE CREDIT FOR THIS INTERNSHIP:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> FULL SUMMER YEAR: _____
CREDIT HOURS REQUESTED	<input type="checkbox"/> 3 CREDIT HOURS <small>3 CREDIT HOURS = Minimum of 135 work hours at Internship site</small>
STUDENT MAILING ADDRESS DURING INTERNSHIP	
Street/PO Box:	
City:	
State:	
Zip:	
STUDENT CELL PHONE #	

**OFFICE USE ONLY – STUDENT: DO NOT WRITE IN THESE SPACES**

Internship Site Reviewed: Y N Date:	Approved: Y N Date
Date application submitted by student:	Date student added to CM:

## PROPOSED INTERNSHIP SITE

STUDENT NAME			
Internship Agency:			
Internship Site Address:			
Street/PO Box:			
City:			
State:		Zipcode:	
<i>If the Internship is in Colorado or Texas, the student must notify the internship professor four (4) weeks before the internship starts</i>			
Supervisor's Name:			
Supervisor's Job Title:			
Supervisor's Email:			
Supervisor's Phone Number:			
Supervisor has at least <b>5</b> years of experience as a legal professional. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor is not related to the Internship Student <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor's Emergency Phone Number:			
Site's Fax Number:			
Dates of internship: (Best estimates)			
Start:			
Conclusion:			

By signing my name below, I certify that I have read and agree to comply with the above information and the policies of the department. Any questions have been discussed.

Student Signature	Date
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