**Independent Residency Application**

**To be completed by students after consulting with a proposed site supervisor and faculty supervisor. Email completed application to** **externships@mitchellhamline.edu****.** Once the application is received by the Externship Office, the Externship Director will contact the site supervisor and faculty supervisor to determine placement approval. Students will be notified if/when their placement is approved and will be registered for the course at the desired number of credits.

**Student Information**

First Name: Last Name:

Email: Phone Number:

Program Type: Full-time Part-time Weekday Blended Learning (Weekend, Hybrid, EJD)

Anticipated Graduation Month & Year: \_\_ Current GPA:­­­­­­­­­­­­­­­­­­­­

Note: Students must be in their last three semesters of law school, including summer. Must be at least 2.8 (waivable).

I have completed all graduation requirements: Yes No

If no, list the requirements you have yet to complete:

Have you taken an externship before? Yes No

If yes, list the name of your externship placement(s) and how many credits you received for each:

I have reviewed the Independent Residency Student Guide, including the requirements for the academic component of the program: Yes No

**Proposed Independent Residency Placement**

This section should be completed only **after consulting with your proposed site supervisor.**

When would you like to do your Independent Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Independent Residency Site:

 Ex: Legal Rights Center

Site Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Daytime Phone Number:

I have shared the Independent Residency Site Supervisor Guide with the site supervisor: Yes No

I will be compensated for the work done at this site: Yes No

Describe the type of work you expect to do at this placement in some detail:

My site supervisor has approved the above field work description: Yes No

List the number of credits/hours you have agreed upon with your site supervisor:

10 credits=450 hours; 11 credits=495 hours; 12 credits=540 hours (other amounts possible). Includes time spent on academic component.

**Academic Component**

This section should be completed only **after consulting with a faculty supervisor**. You must have a faculty supervisor to do an Independent Residency.

Faculty Supervisor Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have shared the Independent Residency Faculty Supervisor Guide with the faculty supervisor: Yes No

What kind of *additional* reading, writing, and/or discussion assignments will you complete *above and beyond* required academic component work (see Student Guide, p. 3)? Be specific. This must be agreed upon with your faculty supervisor.

What do you hope to learn from this Independent Residency experience (what are your initial learning goals)?

My faculty supervisor has approved the above academic plan and learning goals: Yes No

I understand this application may be shared with my site supervisor and faculty supervisor. The Externship Director will approve or deny placement proposals: Yes No

Approved:

 Externship Director Signature Date