

**University of Florida Levin College of Law
Externship Placement Preference Form**

List in order of preference, the externships for which you are applying. Please include the name and location of the externship and the faculty supervisor. Return the completed form along with your application materials to Julie Barnes in the Dean's office, 264 Holland Hall.

This form is REQUIRED for all students who are applying for externships.

Externship Title and Location

Faculty Supervisor

1.	
2.	
3.	
4.	
5.	

Student Signature	Date
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Print Name	Semester of Externship
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UF Email Address _____

**The information on this form is used to contact you in regards to externship offers.
Please ensure that your contact info is correct and legible.**

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P.O. Box 117620 * Gainesville, FL 32611-7620 * Tele: (352) 273-0604 * Fax (352) 392-8727
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