

LAS Paralegal Internship Application Form

Date of Internship: Spring Summer Fall 20 _____

Full Name: _____ Student ID _____

Local Address: _____

City/state/zip: _____

Local Phone: _____ Cell Phone: _____

Email: _____

Home Address: _____

City/state/zip: _____

Home Phone: _____

Place of Employment: _____

Work Phone: _____

General Location of Internship:

City: _____ County: _____

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Provide the following information after the Program Director's approval of your internship:

Name of Attorney, firm or office: _____

Supervising Attorney: _____

Address: _____ Phone: _____

City/state/zip: _____