

LAS 399 Paralegal Internship Application Form

Date of Internship: Spring Summer Fall Year: 20 ____

Are you a: Campus Program Paralegal Student (Campus 1)

Online Program Paralegal Student (Campus 2)

What is the LAS 399 CRN (if you do not know, please ask your advisor) _____

Student Full Name: _____

EKU Student ID#: _____

EKU Email Address: _____

Current Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer (if currently employed): _____

Work Phone: _____

General location of where you plan to perform your LAS 399 Internship:

City: _____ State: ____ County: _____

Provide the following information below for the Program Director to review in order to approve your LAS 399 internship:

Name of Attorney, Firm or Office: _____

Supervising Attorney: _____

Office Address: _____

City/State/Zip: _____

Office Phone: _____