

College of Health and Human Services

Paralegal Studies Program

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Paralegal Intern Request Form*

Yes, I would like to supervise a Paralegal Intern:	
Name of supervising attorney:	
Name of firm/organization:	
Address:	
Phone Number:	E-Mail Address:
Fax Number:	
Practice area(s) in which Intern will be assigned:	
Does the nature of your practice require a Nurse Paralegal Intern: Yes No	
Responsibilities you may be assigning to the Intern include:	
Date:	

* Please Note: Placements are dependent on the number of students enrolling in the Internship each semester. In addition, the desires of the student in regard to type of law practice, geographical location, and size of firm are considered. Therefore, it may not be possible to meet all requests for internship assistance.