

For Office Use Only

Granted: Y N

By: _____

Date: _____

**PETITION FOR WAIVER OF REQUIREMENT
OR APPROVAL OF ACTION
UNDER EXTERNSHIP PROGRAM POLICIES & GUIDELINES**

SOUTHWESTERN EXTERNSHIP PROGRAM

Name: _____ Student ID#: _____

Telephone(s): _____ E-mail: _____

Year in school when proposed action would take effect: _____ Class Rank: _____

2nd - Year Day 3rd - Year Day 4th - Year Eve
 2nd - Year Eve 3rd - Year Eve PLEAS: _____ Yr.

Anticipated or current placement(s). Include semester(s)/year(s)/units: _____

Prior placement(s). Include semester(s)/year(s)/units: _____

All other previous and anticipated Credit/No Credit courses/programs. Include semester(s)/year(s)/units:

I am petitioning for waiver/approval of the following; check all that apply and provide detailed explanation on reverse side or separate sheet:

_____ **Make-up missed Orientation**

_____ **Exceed 16 total Credit/No Credit Units by _____ units (also requires approval from Dean of Students)**

_____ **Start placement after semester has begun by _____ (specify date certain)***

_____ **Exceed max # of units per semester by _____ units (also requires approval from Dean of Students)**

_____ **Shorten time to complete minimum hours by _____ (specify date certain)***

_____ **Enroll in a new non-approved placement. You must provide detailed information concerning the proposed placement and the supervising attorney.**

_____ **Enlarge time to complete minimum hours by _____ (specify date certain)***

_____ **Enroll in a third externship**

_____ **Cross-register due to scheduling requirements of externship (also requires approval from Dean of Students)**

_____ **Other (explain below)**

I understand my request will not necessarily be granted merely because the request has been printed on this form.

***Requires placement supervisor's approval.**

