**SIP Approval Request Form**

**2024-2025**

***Please submit this form to Molly Jackson (******jacksonm@georgetown.edu******)***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of field supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of field supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked or interned for this organization? Yes \_\_ No \_\_\_

Does the position require a law school background? Yes \_\_ No \_\_\_\_

Is your direct supervisor a lawyer? Yes \_\_ No \_\_\_

Is the position paid? Yes \_\_ No \_\_\_

**Reminder for those externships at for-profit entities: your time/work CANNOT be billed to a client.**

Describe the nature of the work you expect to perform in connection with your internship placement (feel free to attach additional sheets if necessary):