

**VILLANOVA UNIVERSITY SCHOOL OF LAW
EXTERNSHIP INFORMATION FORM**

Pease remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

You are eligible to receive loans to cover your living expenses if you have been accepted into a summer externship that is at least 3 credits. Please note that we can only fund 7 weeks of living expenses over the summer while working your externship unless your externship is in a foreign country.

Name of Externship Host: _____

Address of Host: _____

For Summer _____ (year)

Externship Start Date: _____ Externship End Date: _____
MM/DD/YY MM/DD/YY

I certify that the above information is accurate and will notify the Office of Financial Aid if any of this information changes. I also certify that I am not receiving work-study funds during this same period of time for the same employer. I agree that I will promptly notify the Office of Financial Aid if I decide to end my participation in the externship.

Student Signature: _____ Date: _____