



EXTERNSHIP TIMESHEET

If you have questions, please contact:
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WEEK OF	MON	TUE	WED	THUR	FRI	DESCRIPTION OF EXPERIENCE	TOTAL
GRAND TOTAL							

LAW STUDENT-EXTERN VERIFICATION	FIELD INSTRUCTOR VERIFICATION
Name: _____	Name: _____
Externship: _____	Title: _____
I verify that the number of hours reported and description of work performed are accurate.	The number of hours and description of work performed is consistent with my understanding of the work performed by the law student extern in this externship.
_____	_____
SIGNATURE	SIGNATURE
_____	_____
DATE	DATE

Thank you for investing the time to supervise our law student in an externship this semester. Please give this form to the student, who will submit it to the law school. Thank you again!