



**Florida A&M University
College of Law**

FIELD PLACEMENT PROGRAM REGISTRATION

Name: _____ Student ID: _____

FAMU Email: _____ Telephone No. _____

Semester and Year: Fall _____ Spring _____ Summer _____

Field Placement Agency/Firm and Address:

Expected Credits to be earned: (3-6): _____

Faculty Supervisor _____ Email: _____

Site Supervisor: _____ Email: _____

The parties' signature below certifies that each has read and agrees to abide by the Field Placement Rules and the Letter of Understanding entered into by the Field Placement Agency/Firm and Florida A&M University.

Faculty Supervisor Date

Site Supervisor Date

Student Date

Darryll K. Jones Date
Field Placement Program Director

Randall S. Abate Date
Associate Dean for Academic Affairs