



Florida A&M University

College of Law

Field Placement Program Registration Form

Student Name: _____ Student ID: _____

FAMU Email: _____ Telephone No. _____

Indicate Semester and Year: Fall _____ Spring _____ Summer _____

Field Placement Agency/Firm Name and Address:

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

Faculty Supervisor Name: _____ Email: _____

Site Supervisor Name: _____ 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 Signature Date

Site Supervisor Signature Date

Student Signature Date

Darryll K. Jones Date
Field Placement Program Director

Nicola Boothe-Perry Date
Associate Dean for Academic Affairs