## (PLEASE PRINT INFORMATION ON TOP PORTION OF FORM)

## CERTIFICATE OF ELIGIBILITY FOR LAW STUDENT EXTERNSHIP PRACTICE

Name:	phone:		
Home address:	21	21.1	<del></del>
Email:	City	State	Zip
Agency or non-profit:			
Supervising attorney:		phone :	
Business address:	City		7:
Supervising attorney's email:	•	State	Zip 
Anticipated graduation date: _			
		or	
Graduation date:	Date application for admission	to the Colorado Bar was filed:	Date of exam
		or	
Date exam results released _	Date applican	t will attend admission ceremony	
activities under C.R.C.P. 205  Date	.7, by the Rules of Professional  Intern's Signature	, have read, am familiar with, and wil Conduct adopted by the Supreme Cou	rt.
		E OF REGISTRAR	
I certify that		enrolled in or recent graduated on	•
		; and has completed a minimum of	two years of legal studies.
Date	Signature		Phone
	CERTIFIC	CATE OF DEAN	
I certify that I have no pers	sonal knowledge of, or know of r	nothing of record that indicates that	
	; is not of good moral character and, in addition,		
that	has completed the minimum of two years of legal studies, and is a		
student in good academic sta	nding or recently graduated on _		
Date	Signature		_Phone

## **RETURN ALL FORMS TO:**

Colorado Supreme Court Attorney Registration Office, 1300 Broadway, Suite 510, Denver, CO 80203, or you may fax to: (303) 501-1146. If you have questions, please call: (303) 928-7800.