

**DUQUESNE UNIVERSITY SCHOOL OF LAW
CONFIRMATION OF EXTERNSHIP OFFER**

To be completed by the employer

Please complete this form and mail or fax it back to Duquesne University School of Law (address below). You may also email confirmation of an offer to the Prof. Grace Orsatti, orsattig@duq.edu. Please be sure to include all of the following information.

I am authorized to offer an externship position to _____

for the semester beginning _____

Name of supervising attorney or judge: _____

Title: _____

Agency/Organization: _____

Address: _____

Phone: _____ Fax: _____

Email (voluntary): _____

Signature of Supervisor

Fax or Mail to:

Grace W. Orsatti, Esquire
Duquesne University School of Law
Tribone Center for Clinical Legal Education
600 Forbes Avenue
Pittsburgh, PA 15282
Phone: (412) 396-1214
Fax: (412) 396-5287
orsattig@duq.edu