



FAX No. (949) 824-1220
<http://www.ce.uci.edu>

P.O. BOX 6050
IRVINE, CALIFORNIA 92616-6050

FIRMS INTERESTED IN INTERNSHIP PROGRAM
Paralegal Certificate Program

Name of Firm: _____

Address: _____

Contact Person: _____

Phone #: _____

Email Address: _____

Specialty of Firm: _____

Is your firm interested in hosting an intern for 10 weeks, approximately 10 hours a week?

YES NO

Would you be interested in participating in later quarters? (Please note: your name will only be removed from our intern host list upon your request.)

YES NO

Do you employ paralegals in your firm?

YES NO

Comments: _____

The firm understands that the internship is a non-paid, educational experience and that the internship hours are not considered billable hours.

Please fax form to (949) 824-1220 or mail to:

Paralegal Program
University of California Division of Continuing Education
P.O. Box 6050
Irvine, CA 92616-6050