



**Michigan Department of Attorney General
Student Intern/Extern Application**

Date: _____

Name: _____

Law School/University: _____

Major: _____

Year: _____ **Anticipated Graduation Date:** _____

Are you in good academic standing: Yes _____ No _____

Begin Date: _____

Available Days/Hours: _____

Total Number of Hours Requested: _____

Internship or Externship: _____

Federal Work Study Program: Yes _____ No _____
(Attach a copy of your award letter.)

Division(s) of Interest:

Please email the application, resume, unofficial transcript (If you are unable to provide a transcript provide the reason why in your email.), and a brief writing sample, all together in one PDF to: SchmidtV@michigan.gov .

***If you require a reasonable accommodation to participate in the application or selection processes, please contact the department's ADA Coordinator at 517-335-7625.**