****

**On-Campus Interview Schedule Request**

|  |  |
| --- | --- |
| Firm/Organization: |       |
|  |
| Contact’s Name: |       |
|  |
| Contact’s Email Address: |       | Contact’s Phone #: |       |
|  |  |  |  |
| Preferred Date: |       | Alternate Date(s): |       |
|  |
| Interview Length: [ ]  20 Minutes [ ]  30 Minutes |
|  | (most common choice) |  |
| Interview Time Span: [ ]  Morning [ ] Afternoon [ ]  All Day |
|  | Exact times will be determined after students are selected for interviews. |  |
| Position(s) Description(s): |       |
|  |
| Compensation Details (paid/class credit): |       |
|  |  |
| Interview Class(es): | [ ]  1L [ ]  2L [ ]  3L [ ]  LLM |
|  |  |
| Requested Documents | [ ]  Resume [ ]  Cover Letter [ ]  Transcript [ ]  Writing Sample |
|  |  |  |
|  | [ ]  Other: |       |
|  |
| To whom should application materials be addressed? |       |
|  |  |
| Hiring Criteria: |       |
|  |  |
| Interviewer(s): |       |
|  |
| Additional Requests/Comments: |       |