NKU SALMON P. CHASE COLLEGE OF LAW
NORTHERN KENTUCKY UNIVERSITY

Pro Bono Service Program
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STUDENT LOG OF PRO BONO HOURS

Student Name: _____ Anticipated graduation year _____

Division: _____ (Day or Evening)

Telephone Number: _____ Email: _____

Placement Name: _____

Supervisor's Name/Title/Phone_____

Instructions: *Do not include any case or client names. Report ALL hours worked on project, indicating clearly any hours of training. Use hour and half-hour increments only. Attach additional pages if necessary.*

DATE	*DESCRIPTION OF WORK PERFORMED*	*HOURS WORKED*

TOTAL HOURS (excluding training) _____

TOTAL TRAINING HOURS _____ (maximum of 5 hours count toward 50 hour requirement)

I certify that the hours indicated above are accurate and request that these hours be counted toward the pro bono requirement.

_____ _____

Student's Signature Date