**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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF WORK PERFORMED</th>
<th>HOURS WORKED</th>
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<tbody>
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</table>

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

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