

Pro Bono Service Program
Nunn Hall Suite 314
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STUDENT-INITIATED PRO BONO PLACEMENT
(For placements not on the list of Approved Pro Bono Placements)

Instructions: The student must submit this form and receive approval from the Associate Dean before beginning work.
CREDIT FOR THE PRO BONO REQUIREMENT WILL NOT BE GIVEN FOR A PLACEMENT THAT HAS NOT BEEN APPROVED.

Date: _____

Student Name: _____ Anticipated graduation year _____

Division: _____ (Day or Evening)

Address: _____ Zip Code: _____
(City, State)

Telephone Number: _____ Email: _____

Placement Name: _____

Type of Organization (please check)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Bar Association | <input type="checkbox"/> Government | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Community Legal Education | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Faculty Project |
| <input type="checkbox"/> Public Defenders | <input type="checkbox"/> Legislator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Firm/Private Attorney (Pro Bono Work) | <input type="checkbox"/> Non-Profit | |

Address of Organization: _____

Supervisor's Name and Title: _____

Is Supervisor an Attorney? YES NO

Phone: _____ Fax: _____ Email: _____

Contact Person's Name and Phone (if different from Supervisor): _____

Description of Organization/Firm: (attach written materials, if available) _____

