

To Be Completed by the Student:

Student Name Expected Date of Graduation

Student Phone Number Student Email Address

Name of Organization / Placement Site

DATE (Daily/Weekly)	DESCRIPTION OF WORK PERFORMED	NUMBER OF HOURS (Daily/Weekly)
TOTAL HOURS:		

I hereby certify that: the information listed above is true and correct to the best of my knowledge; I received no compensation nor academic credit of any kind for the hours reflected on this timesheet; I was supervised at all times (by a licensed attorney if legal pro bono); and I completed all assigned work.

Signature of Student

Date

To Be Completed by the Supervisor / Supervising Attorney:

I hereby certify that: the information listed above is true and correct to the best of my knowledge; the student received no compensation nor academic credit of any kind for the hours reflected on this timesheet; he or she was supervised at all times (by a licensed attorney if legal pro bono); and he or she completed all assigned work.

Name of Supervisor / Supervising Attorney

State & Bar License (If Legal Pro Bono)

Signature of Supervisor / Supervising Attorney

Date

Please return this form with original signatures to the Public Interest Programs.