

Office of Career and Professional Development

www.sandiego.edu/law/careers

(619) 260-4529



Pro Bono Service Recognition Supervising Attorney Verification Form

STUDENT INFORMATION (to be filled out by student):	
Student Name:	
Date Service Began:	
Date Service Ended:	
Number of Hours Performed:	
Name of Organization:	
Brief Description of Assignment:	

I certify that I completed the pro bono service hours reported above supervised by the undersigned, licensed attorney.

Student Signature: _____

Date:

SUPERVISOR INFORMATION (to be filled out by supervising attorney):	
Supervisor Name:	
Supervisor Title:	

I certify that the pro bono service hours reported above are reasonably related to the tasks performed and that the student conducted himself/herself in a professionally responsible manner.

Supervisor Signature: _____

Date: