

PRO BONO PROFESSIONAL DEVELOPMENT PROJECT FORM

Student Name: _____

E-Mail: _____ Anticipated Graduation Date: _____

Pro Bono Project Provider: _____

Address: _____ Phone: _____

Supervisor Name: _____

Work to be Performed <i>(brief description of work you anticipate performing)</i>	Date	Time Spent	Work Performed <i>(brief description of subject and type of work performed, while maintaining client confidentiality)</i>
<p>CSO Approval: _____ Date: _____</p>			

I certify that I have completed a TOTAL of _____ hour(s) of work for this pro bono project.

Certified by: _____ Date: _____
Student Signature

Approved by: _____ Date: _____
Project Supervisor Signature

Attach additional pages if needed. Submit completed form to the Career Services Office by the end of the semester in which the project is completed.