UNIVERSITY OF KENTUCKY College of Law

STUDENT LOG OF PRO BONO HOURS

Name: _____ Graduation Date (Month/Year): _____

Placement Name: _____ Date Started: _____

Organization: _____Email: _____

By submitting this log the student certifies that the information contained is true. _____ (student initial)

Date	Description of Work	Hrs.

Total Hours: _____ **#of Sheets Attached: _____**

I, _____, certify that _____ has completed (#) _____ total hours of pro bono service under my supervision.

Supervisor's Signature: _____ Date: _____