

**STUDENT LOG/SUPERVISORY REPORT
LOYOLA LAW SCHOOL
PRO BONO GRADUATION REQUIREMENT**

In order to comply with Loyola Law School's pro bono graduation requirement, use this form to document forty unpaid hours of legal services in a qualified public interest organization (QPIO). If you have already enrolled in a public interest externship for a minimum of two units, your pro bono graduation requirement will be fulfilled when your externship is satisfactorily completed. **Government, Judicial, or Entertainment Externships DO NOT QUALIFY to fulfill the pro bono requirement.**

Return this form, signed by yourself and your supervising attorney, to the Public Interest Law Department, Founder's Hall, Room 240, when your forty hours are completed. After submission of this signed form verifying your pro bono hours, your official transcripts will reflect completion of your pro bono graduation requirement.

Student Name: _____				
Student I.D. #: _____				
Phone Number: () _____ - _____		E-Mail: _____		
Expected Graduation Term: Fall Spring Summer Year: _____				
Division: Day Evening				
Name of Qualified Public Interest Organization: _____ _____				
Name of Supervising Attorney: _____				
Phone Number of Supervising Attorney: () _____ - _____				

EVALUATION

How was the supervision? Excellent Good Fair Poor

Please explain: _____

Types of Activities: _____

Would you recommend this placement to other students? If no, why not?

Other comments or suggestions:

TOTAL NUMBER OF HOURS WORKED _____

STUDENT'S SIGNATURE

I certify the above information is true and that all legal services were performed in a professionally responsible manner. I understand that falsification of any information provided on this form is a violation of the Loyola Law School Standard of Conduct.

Student Signature

____/____/____
Date (mm/dd/yyyy)

Student Name (please print)

SUPERVISING ATTORNEY'S SIGNATURE

Were the above hours the student performed paid? Yes No

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

Supervisor's Signature

____/____/____
Date (mm/dd/yyyy)

Supervisor's Name (please print)

Supervisor's Title (please print)

() _____ - _____
Contact Phone Number