

PRO BONO CERTIFICATION FORM
University of Kansas School of Law

Name: _____ Email: _____

Expected Graduation Date: _____

Please fill out a separate form for each separate pro bono project.

Description of pro bono work performed:

Hours Worked:

Date	Work Performed	Hours
	Total:	

Name of Supervisor: _____

Telephone: _____ Email: _____

Supervisor Signature

Date

I certify that I completed the pro bono work described above and that I have not received, and will not receive, any compensation or academic credit for that work. Further, I acknowledge that the definition of pro bono work for the Pro Bono Program at KU may be different from the definition of pro bono work for other jurisdictions. If I need to fulfill a pro bono requirement for admission to the bar for another state (e.g. New York), I understand that I will need to review that jurisdiction's policies to determine if these pro bono hours will satisfy that requirement.

Student Signature

Date

Please turn in your completed certification form to the Legal Aid Clinic (Room 105 or mailbox in main office), or by emailing it to mschnug@ku.edu.