PRO BONO CERTIFICATION FORM

University of Kansas School of Law

Name:	Email:	
Expected Gradu	ation Date:	
Please fill out a	separate form for each separate pro bono project.	
Brief description	n of pro bono work performed:	
Date	Work Performed	Hours Worked
	Total	•
	Total	•
like your hours to count toward the Tax Law Certificate (20 hours required) or the Pro Bono Program ☐ Tax Law Certificate ☐ Pro Bono Program If you are submitting hours toward the Tax Law Certificate only, please submit your completed form to		ogram
	Susanne Stoupakis at s.stoupakis@ku.edu.	
Name of Superv	isor:	
Telephone:	Email:	
Supervisor Sign	ature Date	
receive, any con of pro bono wor work for other ju another state (e.	ompleted the pro bono work described above and that I have appensation or academic credit for that work. Further, I acknowledge the Pro Bono Program at KU may be different from the described to fulfill a pro bono requirement for a general Research Bono hours will satisfy that requirement.	owledge that the definition e definition of pro bono dmission to the bar for
Student Signatur	re 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.