SCHOOL OF LAW

PRO BONO WORK LOG

Student Volunteer's Name: _____

U of A Student ID Number: _____

Class of (please circle one): 2009 2010 2011 LLM

Employer/Project Name _____
(Please be specific about project and location)

Supervisor: _____
(Can not be the same as the Student Volunteer.)

DATE	**HOURS WORKED** (round to 0.25, 0.5, 0.75)	**DESCRIPTION OF WORK**
TOTAL		

_____ _____
Student Volunteer Signature Date

_____ _____
Supervisor Signature Date

To receive credit for your work, you must turn in a completed and signed worksheet log to:
Susan Williams, Pro Bono Coordinator

University of Arkansas School of Law Legal Clinic, 107 Waterman Hall, Fayetteville, AR 72701
Phone (479)575-3056 Fax (479)575-2815 swillia@uark.edu