UNIVERSITY OF MASSACHUSETTS SCHOOL OF LAW - DARTMOUTH:
PUBLIC INTEREST LAW FELLOWSHIP
PILF PLACEMENT HOUR VERIFICATION FORM

Please Print Your Name: _______________________________________________

Student’s Signature: ___________________________ Date: ________________

Graduation Month and Year: ____________________________________________

Telephone Number: ___________________ Email: _________________________

Name of Organization Served: _________________________________________

Address of Organization Served: _______________________________________

Supervisor’s Name and Title: ___________________________________________

Telephone Number: ___________________ Email: _________________________

Description of Project: ________________________________________________

____________________________________________________________________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

Date: ___________ Hours: ___________ Date: ___________ Hours: ___________

TOTAL HOURS: _______________________

To be completed by supervisor*: 
________________________________________(student) performed the above-described work.

Supervisor’s Signature: ___________________________ Date: ________________

*NOTE: The PILF Program reserves the right to contact the student’s supervisor to verify the hours.