

<u>Student Name:</u>		<u>Please circle: Fall Spring Summer</u>
<u>Clinic/Placement Name:</u>		<u>Year:</u>
<u>Supervisor's Name:</u>		

Week	Date	Start Time	End Time	Total Hrs.	If any of your hours were done remotely, please indicate those below.	Students w/ placements in private law firms. ----- If any of your work was for pro bono (indigent) clients , please state how many of the hours were for pro bono clients below.	Please provide a short description of the work you completed below.
WEEK 1							
			Weekly Totals				
			Page Total		Total Page Remote Work (if any) _____	Total Page Pro Bono (if any) _____	