

**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: \_\_\_\_\_

**Hours Performed:**

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.**