

THE UNIVERSITY OF AKRON SCHOOL OF LAW
PRO BONO / COMMUNITY SERVICE PROGRAM

CERTIFICATION OF SUPERVISOR

Students: Please complete and return this Certification as soon as possible after completion of your work. *IT IS YOUR RESPONSIBILITY TO REPORT YOUR HOURS.* You will not receive credit for your hours if you do not submit a signed Certification. You may deliver the signed Certification by e-mail or hand delivery to **Professor Joann Sahl** or **Ms. Alisa Benedict O'Brien**. If Professor Sahl and/or Ms. Benedict O'Brien are not available, you may request the front office place the Certification in Professor Sahl's or Ms. Benedict O'Brien's faculty mailbox. *IT IS NOT THE RESPONSIBILITY OF THE FRONT OFFICE TO DELIVER YOUR CERTIFICATIONS TO PROFESSOR SAHL OR MS. BENEDICT O'BRIEN.*

Student Name: Expected Graduation (i.e. 2013)

Supervisor's Name & Title:

Supervisor's Phone: () Supervisor's Email:

Organization Name:

Organization Address:

City: State: Zip Code:

I certify that (student name) _____ satisfactorily completed the following pro bono / community service project (be sure to state the *category* of service, i.e. Pro Bono/ Limited Means):

Number of Hours _____ Date of Service _____

Supervisor's Signature and Date:

Please provide a brief reflection of your experience. What did you most enjoy? How could your experience have been better? _____

Please return form to:

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