



FLORIDA INTERNATIONAL UNIVERSITY

Office of Externships and Pro Bono Program

PRO BONO SERVICE STUDENT TIME LOG

NAME OF ORGANIZATION \_\_\_\_\_

(You must complete a separate time log for each organization for which you volunteer)

DATE	DESCRIPTION OF WORK	HOURS

\*TOTAL NUMBER OF HOURS \_\_\_\_\_

\_\_\_\_\_ Supervising Attorney Name

\_\_\_\_\_ Supervising Attorney Signature

\_\_\_\_\_ Date

*I certify that I have completed the pro bono hours indicated above and request that these hours be counted toward my pro bono service requirement. I have not received academic credit or any other compensation for this work.*

\_\_\_\_\_ Student Printed Name

\_\_\_\_\_ Panther ID

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

**\*You may include training, observation, and travel time in your hours, but the total for these categories cannot exceed 10% of the total time spent on a project.**