Office of Externships and Pro Bono Program

PROPOSAL FOR PRO BONO SERVICE

(You must submit all pages of this form)

Semester: ______________________ Date: ______________________
Name: ______________________________________________________
Email: ______________________________________________________
Telephone: __________________________________________________
Class: ______________________ Division: ______________________ Panther ID: __________

Name of Organization: _______________________________________
Address: ____________________________________________________
Email: ______________________ Telephone: ______________________
Contact: _____________________________________________________
Title: _______________________________________________________

1. Describe the project (use additional sheet, if necessary):

2. Describe your proposed duties (use additional sheet, if necessary):

3. PRO BONO CERTIFICATION (Select one of the following 2 options):
**LAWYER, FIRM OR LEGAL ORGANIZATION**

(Name of Lawyer, Firm or Organization) ____________________________ hereby certifies that (name of student) ____________________________ will perform pro bono legal services or pro bono legal education under the supervision of an attorney. I understand that I cannot bill or receive compensation for any of the services provided by the student.

Signature: ____________________________

Print Name: ____________________________

Date: ____________________________

**NON LEGAL ORGANIZATION**

(Name of organization) ____________________________ is a charitable, religious, civic, community, governmental or educational organization. We certify that we will use the assistance of (name of student) ____________________________ in our legal or educational activities for improving the law, the legal system or the legal profession or in matters in furtherance of our organizational purposes, where the payment of standard legal fees would significantly deplete the organization’s economic resources or would be otherwise inappropriate. The legal or educational assistance will be provided under the assistance of an attorney.

Signature: ____________________________

Print Name: ____________________________

Date: ____________________________

**APPROVAL OF PROPOSAL**

This proposal was approved/not approved as a placement for community service to be performed to fulfill the FIU College of Law pro bono service requirement.

__________________________________________  ____________________________
Director of Externships and Pro Bono Program  Date of Approval