



Original to Director of Public Interest

Pro Bono Placement Form

Student must file this form with the Director of Public Interest before commencing pro bono hours

Date _____

Student Name _____

Address _____

Home _____ Cell _____ Email _____

Student Status: 2 Year 3 Year 4 Year FTD PTD PTE

Proposed Placement (Name & Address of Firm/Agency)

Phone _____ Email _____

Type of Work Student Will Perform _____

Name & Title of Supervising Attorney _____

Statement of Supervising Attorney - (Note: See Pro Bono Requirements)

I understand the requirements and expectations of the Touro Law Center Pro Bono Requirement as outlined on the reverse side hereof, and agree to supervise the student named above in such a program.

Signature _____ Dated _____

Statement of Participating Student

I understand the requirements of the Pro Bono option and agree to perform a minimum of forty (40) or twenty (20) {circle one} hours of service under the supervision of the above-named supervising attorney.

Signature _____ Dated _____

Approval of Director of Clinical Education/Director of Public Interest

The placement described above is approved for consideration in connection with the satisfaction of the Touro Law Center Pro Bono Requirement of the Public Interest Law Perspective Requirement.

Signature _____ Dated _____