

PRO BONO PROGRAM

HOURS SHEET – _____ (TERM/YEAR)

Week Of	Hours	Description

TOTAL HOURS _____

I certify that I volunteered the above hours and I request that these hours be counted toward my GW Pro Bono Program Pledge total.

PRINT Name: _____ Signature: _____

Date: _____ Class Year: _____

Email Address: _____

Organization: _____ Name/Contact Info of Supervising Attorney or Faculty Member: _____

(OVER)

