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THOMAS R. KLINE SCHOOL OF LAW
DREXEL UNIVERSITY
3320 MARKET STREET
PHILADELPHIA, PA 19104

DREXEL UNIVERSITY
Thomas R. Kline
School of Law

CONTACT:
215-571-4722 PHONE
215-571-4763 FAX
rashida.t.west@drexel.edu

PRO BONO SERVICE PROGRAM
STUDENT TIMESHEET

Student Last Name:		First Name:
Student Identification Number:		Graduation Year:
Name of Organization, Program, or Individual:		
Start Date:	End Date:	Total Hours:

Please describe the subject matter and any legal issues involved under the nature of work, while maintaining client confidentiality.

DATE	DESCRIPTION OF WORK PERFORMED	TIME	TOTAL HOURS	CUMULATIVE HOURS

I certify that the information listed above is true and correct to the best of my knowledge under the provisions of the Law School Honor Code. Falsification of hours recorded is a violation of Section 10 of the Honor Code and will be reported to the Law School Administration for sanctions.

Student Signature	Date	Project Supervisor Signature	Date