

## CERTIFICATE OF COMPLETION FOR PRO BONO REQUIREMENT

Submit this completed form to the Director of Career Services

BARRY ID#: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BARRY EMAIL: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_  
ENTERING DATE: \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

**As per the Student Handbook, to qualify as pro bono, the service must be:**

Law-related; undertaken without compensation or academic credit; supervised by a licensed attorney or law school faculty member; address the legal needs of underrepresented individuals or groups.

**Note:** Legal work at a private law firm will not qualify as pro bono unless the attorney has taken the case on a pro bono basis for NO fee.

**To qualify as community service, the service may include the following activities:**

Volunteering at a non-profit charitable organization (non-law related); serving people who are disadvantaged or the earth community through a public agency, law firm, or other organization; engaging in a public service activity through a public agency, private law firm, or private organization; engaging in a public service activity with a Law School student organization or program.

**Pro bono requirements must be met (and reported) by the following dates:**

Spring – Summer October 15<sup>th</sup> of the semester prior to expected graduation.

Fall – March 15<sup>th</sup> of the semester prior to expected graduation.

\*Students who fail to meet the pro bono requirement deadline will not graduate with his/her class.

**Provide contact information for the organization, office, law firm, or individual lawyer with whom you performed the Pro Bono requirement (please use one form per provider):**

Name of Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

General description of services provided: \_\_\_\_\_

\_\_\_\_\_

1. I am familiar with the Barry Law School's Pro Bono requirement as stated above;
2. The student named herein worked within my organization in the performance of his/her Pro Bono requirement; and
3. I supervised the student in the performance of his/her Pro Bono requirement.

**Pro Bono Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Acknowledgement:** I certify that I have completed \_\_\_\_\_ hours of pro bono services for the provider indicated above, without compensation, and under supervision of the individual identified above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY:**

Student Completed 50 or more Pro Bono hours: \_\_\_\_ YES \_\_\_\_ NO Total of Completed Pro Bono hours: \_\_\_\_\_

Director of Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Date Received: \_\_\_\_\_ Registrar's Office Date Processed: \_\_\_\_\_