



University of Connecticut School of Law
Pro Bono Pledge Program
55 Elizabeth Street
Hartford, Connecticut 06105

Placement Approval Form

You are **strongly** encouraged to submit this form to the Pro Bono Coordinator before beginning your pro bono service. If you have already performed the work, you may submit this form simultaneously with your Placement Time Log. Please ensure that the placement complies with the Pro Bono Pledge program requirements. **Completed forms should be returned to the Office of the Registrar.**

PLEASE PRINT:

Last Name First Middle Expected Month/Year of Graduation

Year/ Division Student Admin ID Number

Placement Information:

Placement Site/Location: _____

Description of Work: _____

Placement Address: _____

Placement Website: _____

Placement Type: ____ Non-Profit ____ Government
Choose One ____ Firm ____ Other

Name and Title of Supervisor: _____

Supervisor Contact Email/Phone: _____

Expected Start Date: _____

Expected End Date: _____

Expected Total Hours: _____

Expected Hours Per Week: _____

Signatures:

Student Signature/Date _____

Supervisor Signature/Date: _____
Approved: ____ Yes ____ No

Pro Bono Coordinator Signature/Date _____

For Office Use Only:		
_____ Processor's Initials	_____ Date Received	_____ Date Processed