

APPROVAL OF WORK FORM

Please complete the following in order to get approval for proposed public interest work, and submit it to Stephen Rispoli, Director of Student Relations and *Pro Bono* Programs.

Student Name:	
Bear I.D. #:	Phone Number:
E-mail Address:	
Anticipated Graduation Quarter:	Year:
Name of Organization or Individual for v	which you would like to work:
Phone Number or E-mail Address of Cor	ntact:
Will you have a licensed attorney superv	ising your work? Yes No
Please answer the following:	
Yes No	
1. The organization for w	which I will be working provides legal services.
2. I will have direct intera	action with clients.
3. I will be drafting legal	documents.
STOP! If you answered yes to #2 or #3,	you must work under the direct supervision of an attorney.
Student Signature	