

SETON HALL UNIVERSITY SCHOOL OF LAW
Center for Social Justice
Pro Bono Service Program



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CERTIFICATION

(To be completed by student) Date _____

Student's Name: _____ Student ID # _____

Entering Class Year: _____ Anticipated Graduation Date (Month/Year): _____

Sponsoring Organization: _____

Semester of Pro Bono Service: _____
(Academic Session) (Year)

Supervisor's Name: _____
(Please print)

(To be completed by supervisor)

I certify that the above-named student has completed _____ hours of pro bono service with the above-identified organization.

Supervisor's Signature Date

Did this student perform his/her duties in a timely and professional manner? Yes___ No___

Comments: _____

[After completion of 50 hours of pro bono service, or upon completion of the assignment/position if less than 50 hours, students should have this form completed by their supervisor, and return to Prof. Lori Outzs Borgen – Center for Social Justice, along with the Program Evaluation.]