

Public Service Commendation: Placement Verification

This form should be submitted at the time you ACCEPT a pro bono placement. (Prior to starting work)

Student Information:

Name:	
Address:	
E-Mail/Phone:	
Class Year:	

Organization Information:

Organization Name:
Supervisor Name/Title:
Sponsor/Supervisor Contact Details: Address:
E-Mail: Phone: Fax:
Anticipated Responsibilities/Position Description:

Expected Weekly Commitment (In Hours):

Credit Hours Awarded: Y _____ N _____