THOMAS R. KLINE SCHOOL OF LAW DREXEL UNIVERSITY 3320 MARKET STREET PHILADELPHIA, PA 19104 $\begin{array}{c} \text{DREXEL UNIVERSITY} \\ \text{Thomas } R. \text{ Kline} \\ \text{School of Law} \end{array}$

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PRO BONO SERVICE PROGRAM PROJECT REGISTRATION

Student Last Name: Student Identification Number:				First Name:			
				Graduation Year:			
Address:			City:		State:	Zip Code:	
Phone:		Cellular Phone:		E-Mail:	l	l	
Name of Organ	ization, Program,	or Individual:		•			
Address:			City:		State:	Zip Code:	
Project Supervisor:			Title:		Attorney? Y	Attorney? Yes/No:	
Phone:		E-Mail:			Fax:	Fax:	
Estimated Total	Hours of Work:			Date Stud	dent Will Begin Wor	·k:	
-	nply with the guidnally responsible		o Bono Ser	vice Program	and perform all ta	sks	
Student Signature					Date		
out-of-pockets	expenses. I acl	knowledge that	the student	has not been	not be required to admitted to the Baam, or its clients.		
Project Supervisor Signature					Date		
	<u> </u>		T				
Approved	Not Approved	1	Director fo	r Public Intere	st Programs Sign	ature Date	