SOUTH TEXAS COLLEGE OF LAW

Pro Bono Honors Program
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PRO BONO HONORS PROGRAM
REQUEST FOR CERTIFICATE

Name: _____

Name As You Would Like it to Appear on Certificate:

_____

Anticipated Graduation Date: _____

SEMESTER	ORGANIZATION/PROJECT	HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL:	_____

_____ _____

Student Date