

SOUTH TEXAS COLLEGE OF LAW

Pro Bono Honors Program
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**PRO BONO HONORS PROGRAM
AGREEMENT TO SUPERVISE**

Student Name _____	Anticipated Graduation Date: _____
Address _____ (Street)	Zip Code _____ (City, State)
Telephone Number _____	E-mail Address _____

Sponsoring Organization _____

Address _____

Contact Person _____

Telephone Number _____ Fax Number _____ E-Mail _____

Proposed Assignment _____

Estimated Total Hours of Work: _____ (may be modified during course of placement)

Proposed Semester of Placement: _____

Student: *If your Supervisor is not the Contact Person, please list your Supervisor's name(s) and phone numbers(s) below.*

Supervisors Name(s): _____

Phone Number(s): _____

E-Mail(s): _____

I agree to perform all tasks in a professionally responsible manner. _____	
_____	Student
I confirm that the above student will receive professional supervision. I acknowledge that the student has not been admitted to the Bar, and cannot represent or provide legal advice to the organization, program or its clients, and that the organization will not rely on the student's work product in taking any action or forbearing from any actions that may subject the organization, program or its clients to legal liability. I confirm that the student will not receive financial compensation for work performed during the placement. I further agree that I will complete an evaluation of the student's performance at the conclusion of the placement.	
_____	_____
Date	Contact Person

