



CONCORDIA UNIVERSITY  
SCHOOL OF LAW

## ***PRO BONO SERVICE APPROVAL FORM***

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year in School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Bar# (if any): \_\_\_\_\_

Supervisor's Office #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of work:

Return this form to the Office of Externships and Pro Bono Programs

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**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTES: