**VILLANOVA UNIVERSITY SCHOOL OF LAW**

**EXTERNSHIP PROGRAM**

**HOURS LOG**

Student’s Name:       Semester/Term:

Field Placement:       Supervising Attorney:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEK OF** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **WEEK TOTAL** |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
| **TOTAL HOURS** | | | | | | 0.00 |

Verification by Supervising Attorney

To the best of my knowledge and belief, this student has completed the number of hours stated on this form and I am satisfied with the work that the student has performed.

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

Supervisor’s Signature