Harvard ID#_____

HARVARD LAW SCHOOL SUMMER PUBLIC INTEREST FUNDING & PRO BONO SERVICE PROGRAM STIPEND END OF SUMMER FORM

MANDATORY SUPERVISOR EVALUATION OF STUDENT - STIPEND

1. Name of Student: _____

2. Name of Placement Organization: _____

3. Address of Organization: _____
Street Address

_____
City State Zip

4. Phone: ____-____-_____ Email: _____

5. Date placement began: ____/____/____ Date placement ended: ____/____/____

6. Did you provide monetary compensation to the student this summer (i.e. wages, housing, travel, etc.)? ☒ Yes ☐ No
If yes, specify amount and source: _____

7. Did the student complete the assigned tasks in a timely manner? ☐ Yes ☐ No

8. Did the student perform in a professionally responsible manner? ☐ Yes ☐ No

9. What was most beneficial for your organization about this experience? _____

_____

_____

_____

10. Would you supervise another HLS student for SPIF or the Pro Bono Program? ☒ Yes ☐ No

11. Do you have any comments or suggestions concerning the Summer Public Interest Funding (SPIF) or the Pro Bono Service Program? _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date ____/____/____

Both pages of this form must be uploaded to the self-service portal by **September 11, 2026.** *STUDENTS WILL NOT RECEIVE PRO BONO OR SPIF CREDIT FOR THEIR POSITION UNTIL THIS FORM IS RECEIVED AND A CHARGE FOR THEIR FULL SPIF AWARD WILL BE PLACED ON THEIR STUDENT BILL.*

*For questions on funding or submitting this form, please call 617-495-0643 or email **spif@law.harvard.edu***

*For questions on pro bono credit, contact the Clinical & Pro Bono Office at 617-495-5202 or email **clinical@law.harvard.edu***

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HARVARD LAW SCHOOL
SUMMER PUBLIC INTEREST FUNDING
& PRO BONO SERVICE PROGRAM

STUDENT TIME LOG - STIPEND

You must submit this time log with your supervisor's signature to verify your TOTAL number of hours worked. (Failure to submit a time log documenting your hours worked will result in forfeiture of your SPIF award.) Please record your hours in as accurately and detailed a way as possible. **Please contact the SPIF office as soon as possible if you are unable to meet your minimum weekly hour requirement due to circumstances outside your control, or unexpected circumstances.**

Week	*Dates*	*Description of Work Done*	*Total Hours*
Ex.	**June 8-14**	**Researched Smith v. Doe, prepared for court hearing, wrote brief**	**45**
1	**May 9-17**		
2	**May 18-24**		
3	**May 25-31**		
4	**June 1-7**		
5	**June 8-14**		
6	**June 15-21**		
7	**June 22-28**		
8	**June 29-July 5**		
9	**July 6-12**		
10	**July 13-19**		
11	**July 20-26**		
12	**July 27-Aug 2**		
13	**Aug 3-9**		
14	**Aug 10-16**		
15	**Aug 17-23**		
16	**Aug 24-30**		
17	**Aug 31- Sept 8**		
		TOTAL:	0

I certify that the hours indicated above are accurate.

_____ _____ ____/____/____
Student Name Student Signature Date

_____ _____ ____/____/____
Supervisor Name and Organization Supervisor Signature Date

Other required information to be completed by student:

Did you receive any additional income this summer beyond your SPIF award (employer wages, fellowships, etc)? ☐Yes ☐No

If yes, how much and from what sources? _____