

SOCIAL JUSTICE PLACEMENT COMPLETION CERTIFICATION



Student requesting certification: _____

SECTION 1: PLACEMENT DESCRIPTION

To be completed by student.

Organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____

Phone number: _____ E-mail: _____

Start date: _____ End date: _____

Estimated number of hours per week: _____

Duties/assignments: _____

All students must complete three meetings with the Center Director during the period of their work placement. Please indicate the dates of these meetings below.

1st meeting: _____ 2nd meeting: _____ 3rd meeting: _____

By signing below, you certify that the information provided on this form is accurate and complete.

Student Signature: _____ Date: _____

SECTION 2: SUPERVISOR VERIFICATION

To be completed by work supervisor.

The New York Law School student listed above has affiliated with the law school's Justice Action Center. Students affiliated with the Center are required to complete a social justice placement, and this student has requested that the school recognize his/her work with your organization as satisfying this requirement. By signing below, you are indicating that the student left your organization in good standing, having adequately completed his/her work assignments.

Name: _____ Title: _____

Signature: _____ Date: _____