

Student Organization:

Continuing Legal Education	
Title of CLE Presented	No. of Hours Earned
Total Hours Earned	

Name of individual who completed this form:

I affirm that the information contained on this form is accurate and correct to the best of my knowledge. I understand that making a misrepresentation on this form can result in revocation of funding, loss of good standing, and revocation of privileges for the above-stated organization.

Date:

Signature:

**** DO NOT FORGET TO SUBMIT EVIDENCE WITH THIS FORM****