

| Student Name: | | | | N#: | | | | Year: | 20 | |
|--|-------------|---------------|-------------------------------------|----------|-----------|-----------------|--------------|----------|-----------|-----------|
| Law School Year Completed: | 11 | _ | Transfer Student | : | 🗌 Yes | 🗌 No | | | | |
| | 21 | _ | | | | | | | | |
| | 31 | _ | | | | | | | | |
| | lf If | unsure, plea | se list the total full [.] | -time se | emesters | completed at th | e Law Schoo | l: | | |
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| Complete the following section | | | | | | | | | | |
| the Public Interest Law Center the position in the space prov of total earnings from the emp | ided. If t | he position v | was not acquired | throug | h PILC, t | his form must | be submitte | d witl | h confirm | ation |
| or total carnings from the only | ore yer end | ier by provi | unig u 112, tux rot | | the year | | | | | Jyen. |
| Employer Name: | | | | | | Job Title: | | | | |
| Start Date: / | | 1 | End Date: | | / | 1 | F | ILC: | ∏Yes | ΠNο |
| Total Earned (Gross): \$ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Employer Name: | | | | | | Job Title: | | | | |
| Start Date:/ | | / | End Date: | | / | / | F | 'ILC: | □Yes | □No |
| Total Earned (Gross): \$ | | | | | | | | | | |
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| Please use the space provide | | - | | | | - | nation provi | ded o | n this fo | rm. |
| Comments: | | | | | | | | | | |
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| I certify to the best of my kno Student Financial Services of | | | | | | | | ill info | orm the (| Office of |
| | | | | | | | | | | |
| Signature: | | | | | _ Da | te: | | | | |
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