

## Form 2 Student Attendance

### Signed by Supervisor - PARALEGAL PROGRAM

Student Name	
Student Number	
Firm Name	
Firm Address	
Name of Host Supervisor	
Host Supervisor's E-mail	
LSUC or ICCRC #	

### Actual Hours Spent in Areas of Practice

<input type="text"/>	Administrative	<input type="text"/>	Landlord/Tenant
<input type="text"/>	Civil Litigation	<input type="text"/>	Personal Injury
<input type="text"/>	Criminal	<input type="text"/>	Provincial Offences, Highway Traffic
<input type="text"/>	Employment	<input type="text"/>	Small Claims
<input type="text"/>	Immigration	<input type="text"/>	Tribunal
<input type="text"/>	Other		

### Days Spent in the Field

Date	Total Hours That Day	Date	Total Hours That Day
1	<input type="text"/>	14	<input type="text"/>
2	<input type="text"/>	15	<input type="text"/>
3	<input type="text"/>	16	<input type="text"/>
4	<input type="text"/>	17	<input type="text"/>
5	<input type="text"/>	18	<input type="text"/>
6	<input type="text"/>	19	<input type="text"/>
7	<input type="text"/>	20	<input type="text"/>
8	<input type="text"/>	21	<input type="text"/>
9	<input type="text"/>	22	<input type="text"/>
10	<input type="text"/>	23	<input type="text"/>
11	<input type="text"/>	24	<input type="text"/>
12	<input type="text"/>	25	<input type="text"/>
13	<input type="text"/>	26	<input type="text"/>
Total Hours in the Field <input type="text"/>			

### Supervisor's Certification—Please sign and give to student.

I certify that the student has completed no fewer than 140 hours at the firm named above.

**Date**

**Please submit within two business days after completion of field placement to.**

**Please email a copy to [paralegal.placement@mohawkcollege.ca](mailto:paralegal.placement@mohawkcollege.ca) in PDF format.**