



  
 university of cebu  
**COLLEGE OF LAW**



Gov. M. Cuenco Ave., Banilad, Cebu City 6000 Philippines • Fax No. (6332) 505-4978 Trunkline (6332) 233-8888 loc 103

**SUPERVISING ATTORNEY ACCEPTANCE FORM**

**Law Apprenticeship Program**

Supervising Attorney/Mentor's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I have met with \_\_\_\_\_ and have accepted him/her  
 as my student apprentice for the \_\_\_\_\_ semester for \_\_\_\_\_ number of  
 credits.

*2 credits per semester with equivalent of 120 hours.*

\_\_\_\_\_  
 Supervising Attorney's Signature

\_\_\_\_\_  
 Date

**Completed forms may be returned via e-mail or fax to:**

University of Cebu - College of Law  
 Archbishop Reyes, Banilad, Cebu City  
 Fax: (032) 505-4978

Or  
 Email a pdf copy to [uclegalaid@gmail.com](mailto:uclegalaid@gmail.com)