

**Experiential/Skills Competency and Professional Values**  
**Summer Experience Certification Form**

ABA Rule 520.18(a)(2)(iv): A student may earn up to six of the fifteen required skills credits through law school certified **non-credit bearing summer employment supervised by an attorney in good standing in any state or territory of the United States or the District of Columbia**. The supervising attorney must certify to the law school the beginning and ending dates of the employment, that the student satisfactorily completed the employment, and that the work experience: provided the student with an initial orientation session; implemented a system for assignments that assured that the student was actually engaged in the performance of legal work, including a diversity of tasks, as part of the ongoing practical work of the law office during normal business hours and throughout the required period; provided the student with experience and guidance in the skills and values required for basic competence and ethical participation in the legal profession; gave the student timely oral and written feedback; and engaged the student in reflection on his/her experiences and learning during the employment. At least 50 hours of full-time employment is required for each substituted credit under this subdivision. **ONLY SUMMER WORK EXPERIENCES QUALIFY.**

This form is used to certify the student for **admission** to the New York State Bar. This form is **NOT** required for application to the bar exam.

**IN ORDER FOR YOUR SUMMER EXPERIENCE(S) TO BE CONSIDERED FOR CREDIT SUBSTITUTION, THE COLLEGE OF LAW REGISTRARS OFFICE MUST RECEIVE A COMPLETED FORM BY MAY 1 OF INTENDED DEGREE COMPLETION YEAR FOR SPRING GRADUATES AND BY DECEMBER 1 OF INTENDED DEGREE COMPLETION YEAR FOR FALL GRADUATES. LATE FORMS ARE NOT ACCEPTED. SUPERVISING ATTORNEYS ONLY MAY SUBMIT THIS FORM.**

**STUDENT INFORMATION:**

Name:

Date:

SUID#:

SYR Email Address:

Phone Number:

Summer Experience Employer/Organization:

Summer Completed (list year and months of employment):

Total full-time hours completed:

**Supervising Attorney: Please return completed and signed forms (electronic signatures are not accepted) to studentrecords@law.syr.edu. If the form must be mailed, please send to Syracuse University College of Law, Registrar's Office, 950 Irving Avenue, Syracuse, New York 13244.**

**SUPERVISING ATTORNEY INFORMATION:**

Name:

Date:

Employer/Organization:

Title:

Jurisdiction Where Admitted or Authorized to Practice Law:

Email:

Phone Number:

**SUMMER WORK EXPERIENCE INFORMATION:**

Student's Employment Start Date: \_\_\_\_\_ Student's Employment End Date: \_\_\_\_\_

Please certify that the summer experience (please indicate on the appropriate line after each statement below):

1. Provided the student with an initial orientation session: YES \_\_\_ NO \_\_\_
2. Implemented a system for assignments that assured that the student was actually engaged in the performance of legal work, including a diversity of tasks, as part of the ongoing practical work of the law office during normal business hours and throughout the required period: YES \_\_\_ NO \_\_\_
3. Provided the student with experience and guidance in the skills and values required for basic competence and ethical participation in the legal profession: YES \_\_\_ NO \_\_\_
4. Provided the student timely oral and written feedback: YES \_\_\_ NO \_\_\_
5. Engaged the student in reflection on his/her experiences and learning during the employment: YES \_\_\_ NO \_\_\_

Total full-time hours completed by student: \_\_\_\_\_

**\*\*If the answer to any of the above questions is "No," please explain briefly below. The student may not be eligible to use this summer experience to substitute for experiential/skills competency credit.**

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I certify that, under my supervision, this student's summer experience met all of the qualifications as set forth by NYS Court of Appeals Rule 520.18(a)(2)(iv). The information contained on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Supervising Attorney's Name (Print)

\_\_\_\_\_  
Supervising Attorney's Signature and Title

\_\_\_\_\_  
Date

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