Duquesne University School of Law
Foundations of Professionalism
Form for Special Considerations

Foundations of Professionalism Independent Activity Evaluation Report

Student Name: _________________________________________________________________

Program or Event: _____________________________________________________________

Date: ________________________________________________________________________

Location: _____________________________________________________________________

Satisfies Pillar (Circle One):

Knowledge Acquisition, Skills Development, or Interpersonal Outreach

Type of Activity (i.e., networking event, employer sponsored training, self-initiated experience such as an informational interview): ____________________________________

Brief description of what you learned: ____________________________________________

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Approved By CSO: ______________________________________________________________