

UNIVERSITY OF IDAHO COLLEGE OF LAW  
PRO BONO PROGRAM

**SUPERVISOR'S EVALUATION OF STUDENT**

\* Supervisors, please sign this form and return it to the student either in a hard copy format or by e-mail (MAX file size 300 KB).

Student Name \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Description of Project:

Did the student complete the work in a timely manner?

Was the student's conduct professional?

Would you be interested in supervising another law student through the Pro Bono Program?

Other Comments:

I certify that (student name) \_\_\_\_\_ satisfactorily completed (#) \_\_\_\_\_  
hours of public service work under my supervision.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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