

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 _____

Description of Project:

Did the student complete the work in a timely manner?

Did the student conduct himself/herself in a professionally responsible manner?

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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