

Pro Bono Service Program
Nunn Hall Suite 314
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SUPERVISOR EVALUATION OF STUDENT

Supervisors: Please complete and return this form within **10 days** of the completion of the student's work. You may give this form to the student or scan, mail, email or fax it to the above address or fax number. Thank you for your support of the Chase Pro Bono Service Program.

Student Name: _____

Supervisor's Name/Title/Phone _____

Organization: _____

Address of Organization:

Date Placement Began: _____ Date Placement Ended: _____

Brief Description of Assignment:

Did the student complete the work in a timely manner? Yes No

Was the student's performance satisfactory? Yes No

Would you supervise another Chase student through the Pro Bono Service Program? Yes No

Other comments or suggestions concerning Chase's Pro Bono Service Program? _____

I certify that (student name) _____ satisfactorily completed (#) _____
hours of pro bono work under my supervision.

Supervisor's Signature: _____ Date: _____