

THOMAS R. KLINE SCHOOL OF LAW  
 DREXEL UNIVERSITY  
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DREXEL UNIVERSITY  
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## PRO BONO SERVICE PROGRAM SUPERVISOR'S EVALUATION

Student Last Name:		First Name:	
Student Identification Number:		Graduation Year:	
Address:	City:	State:	Zip Code:
Phone:	Cellular Phone:	E-Mail:	

**To be completed by the student**

Name of Organization, Program, or Individual:		
Project Supervisor Name and Title:		Phone:
Start Date:	End Date:	Total Hours:

**To be completed by the supervisor**

Did the student complete the work in a timely manner?	Yes:	No:
Did the student perform in a professionally responsible manner?	Yes:	No:
Was the student's performance satisfactory?	Yes:	No:
Would you supervise another student in the Pro Bono Program?	Yes:	No:

Additional comments or recommendations concerning Drexel's Pro Bono Service Program:

Project Supervisor Signature _____	Date _____
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You may return this form to the student to submit, or either mail or fax it to the above address.

**Thank you for your participation!**

This form should be filed within fifteen days of the completion of work performed for the Pro Bono Service Program and no later than the last day of the semester in which the work was completed. For graduating students, this form must be filed no later than the last day of class of the spring semester of your third year of law school.

**Credit for Pro Bono Service will not be issued until this form has been submitted.**