



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

LLB 397/ 3397 Legal Internship Program

Student Evaluation Form

UNIVERSITY OF WOLLONGONG SCHOOL OF LAW

NB: The Student Evaluation Form is Compulsory

Name of Student:

Firm/Organisation:

Internship Supervisor:

Dates of Internship:

PART A: Please attach a copy of the *objectives* developed at the start of the internship, and comment specifically on whether your experience achieved the aims identified, and say why/why not.

PART B: Do you have any other general comments about the internship experience?

Signature of Student

Date/...../.....