



University of Wollongong School of Law

LLB 397/ 3397 Legal Internship Program STUDENT EVALUATION (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?*

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Signature of Student

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