

SOUTHERN METHODIST UNIVERSITY
DEDMAN SCHOOL OF LAW

Public Service Program
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SUPERVISORY REPORT

Student Name _____	Class of 20 _____
SMU ID Number _____	
Address _____	Zip Code _____
(Street)	(City, State)
Telephone Number _____	Date _____
E-mail Address _____	

A. Placement Information (To be completed by student)

Name of Placement _____ (To be)

- ◆ Are the number of hours reported in the student's log reasonably related to the tasks performed? Yes ___ No ___
- ◆ Did student complete the work in a timely manner? Yes ___ No ___
- ◆ Did the student conduct him or herself in a professionally responsible manner? Yes ___ No ___

Comments: _____

Supervisor's Signature _____ Date _____

Supervisor's Title _____