



Name of Applicant: \_\_\_\_\_

This evaluation form must only be completed by your employer. It must be completed in English or accompanied by an accurate translation.

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**To the Employer:**

The above-named individual is applying for an L.L.M in Democratic Governance and the Rule of Law at Ohio Northern University College of Law. The objective of this program is to provide young lawyers from emerging democracies and who are working with their government or in the non-profit sector, with the tools and training to implement law reform and democratization in their home countries. Graduates are required to make a 2-year commitment to public service in their home country either in their current position or an equivalent position upon successful completion of the program. Your evaluation based on these objectives and requirements is greatly appreciated.

This form must be signed and stamped and faxed to the L.L.M program at 419.772.3583. The original must be mailed directly to the College.

L.L.M. in Democratic Governance and Rule of Law  
Ohio Northern University Claude W. Pettit College of Law  
525 South Main Street, Ada, OH 45810  
Tel: (419) 772-3580 • Fax: (419) 772-3583 • E-mail: [LLM@onu.edu](mailto:LLM@onu.edu)  
[www.law.onu.edu](http://www.law.onu.edu)

Name of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address:

\_\_\_\_\_

\_\_\_\_\_ *Telephone (include county code or area code)*

\_\_\_\_\_

\_\_\_\_\_ *Fax no. (Include any routing instructions)*

\_\_\_\_\_

\_\_\_\_\_ *Email*

\_\_\_\_\_ *City, State and Country*

\_\_\_\_\_ *How and when is the best time to reach you?*

Please state the title and describe the duties of the above-named applicant:

\_\_\_\_\_ *Job title*

*Duties*

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Please give an evaluation of the applicant's work performance:

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Will the above-named applicant be able to return to their position after completing this 10 month L.L.M program?     *Yes*    *No*

If no, will the above-named applicant be eligible for an equivalent position upon completion of the L.L.M program?     *Yes*    *No*

If yes, please give the title of the new position and a description of the duties

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\_\_\_\_\_  
*Employer's Signature*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mm dd yy*