



## Employer Statement for International Students

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.

**To the Employer:** The above-named individual is applying for an LL.M. in Democratic Governance and the Rule of Law at Ohio Northern University College of Law. The objective of this program is to provide lawyers from transitional countries who are working with their government, in the judiciary, academia, or the non-profit sector, with the tools and training to implement law reform and democratization in their home countries. Upon successful completion of the program, 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. Your evaluation based on these objectives and requirements is greatly appreciated.

This form must be signed and faxed to the ONU LL.M. Program at 1-419-772-3583 or scanned and emailed to [llm@onu.edu](mailto:llm@onu.edu). The original must be mailed directly to the College at the following address:

LL.M. in Democratic Governance and Rule of Law  
Ohio Northern University College of Law  
525 South Main Street, Ada, OH 45810 U.S.A.  
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 Representative: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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 dates of the applicant's employment with your organization: \_\_\_\_\_

\_\_\_\_\_

Please state the applicant's position/title and describe his/her duties: \_\_\_\_\_  
*Position/Title*

*Duties* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if additional pages are attached

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if additional pages are attached

Will your organization continue paying the applicant's salary during his/her studies at the ONU LL.M. Program?  Yes  No If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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