



SOUTHEAST MICHIGAN SYNOD
EVANGELICAL LUTHERAN CHURCH IN AMERICA

LLM Student Assessment by Instructor

Course _____ Instructor _____

Dates sessions held _____

Name of participant _____

Attendance Sessions: One ___ Two ___ Three ___ Four ___ Five ___

Was coursework completed satisfactorily? Yes ___ No ___

Did student demonstrate basic knowledge of material presented? Yes ___ No ___

Other Comments:

Comments on class participation, personal strengths or limitations, areas of growth needed, or other concerns:

Date _____

Signed: _____
Instructor