

MSc in Applied Mathematics - Internship Assessment

Please return form to the Internship Office EEMCS

Student Name:
Student number:

Internship: 191508209
MSc specialisation:

Assessment criteria (and suggested aspects)	[Weight]	--	-	+/-	+	++	Remark (optional)	
The Report:								
Written Communication	[Middle]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> • Problem statement • Context and existing work • Discussion and argumentation • Results and conclusions • Organization and structure • Clarity/Language 							
Scientific Quality	[Middle]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> • Research question • Research method • Results • Contribution and originality 							
Reflection On societal/scientific relevance	[Low]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Process (External Input)	[High]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> • Independence and initiative • Creativity • Acquiring (new) technical skills • Work attitude • Planning and organization of work • Interaction and communication skills 							
<input type="checkbox"/> Formalities completed								
To be filled in by Internship Office EEMCS		FINAL MARK:						(integers with decimals)

Motivation for final mark (obligatory and related to above assessment):

Date internship report handed in: (dd/mm/yy)

Assessment date (dd/mm/yy):

Name of Examiner 1: (Optional) Name of Examiner 2:

Signature: Signature:.....