MSc in Embedded Systems - Internship Assessment
Please return form to the Internship Office EEMCS

Student Name: **Internship: 202001434**
Student number: **MSc specialisation**

Final assessment by the university supervisor
Grade (integers with decimals):
Motivation:

☐ Formalities completed
To be filled in by Internship Office EEMCS

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

Assessment date (dd/mm/yy):   ………………………………………………………………

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

Signature: ……………………………………………………….   Signature:…………………………………………………

Please return form to the Internship Office EEMCS mobility-eemcs@utwente.nl