**Student Name: Internship: 191211208**

**Student number: MSc specialisation**

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| --- |
| **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