**Student Name: Internship: 191211208**

**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](mailto:mobility-eemcs@utwente.nl)