

MSc in Electrical Engineering / MSc in Embedded Systems - Internship Assessment

(Please return form to the Internship Office EEMCS)

Student Name:

Internship: 191211208

Student number:

MSc specialisation

Final assessment by the university supervisor	
Grade:	
Motivation:	
<input type="checkbox"/> (*)	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:.....

(*) Mark not valid without this box filled in