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| **Assessment form for individual education**  **MSc Biomedical Sciences** | **Radboudumc logo engels.JPG** |

* To be completed by the assessor/teacher
* Preferably the student meets the assessor to receive feedback on the grading
* The supervisor and student will sign this form (original signatures required)
* The teacher (assessor) should send the completed/signed form to the Stip (email to [StudentenVoortgangsAdministratie@radboudumc.nl](mailto:StudentenVoortgangsAdministratie@radboudumc.nl) or put it in the physical mailbox at the Stip office)

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| Name and initials student | | | | | | |  | | | |  |  | Student number |
|  | | | | | | |  | | | |  |  |  |
| Type of activity: | | | | | | | | | | | | | |
|  | Individual education | |  | Other: |  | | |  | | | | | |
|  |  | |  |
| This education is part of a profile: | | | | | | | | | | | | | |
|  | Yes | |  | No | | |  | | |  | | |  |
| Title of individual education | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Code of the individual education (you should have received the code after approval of the plan for individual education): | | | | | | | | | | | | | |
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| Amount of EC (as approved by the Board of Examiners): | | | | | |  | | | EC | | | | |
|  | | | | | | | | | | | | | |
| Teaching department, institution, city, country | | | | | | | | | | | | | |
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| Name assessor/teacher (name, titles): |  |
| Host department (institution): |  |
| City: |  |
| Country: |  |
| E-mail address: |  |

**Motivation of final grade**

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| **Please motivate your final grade.** You are kindly asked to give a short commentary or advice for the benefit of the student. |

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| **Signature of Supervisor/teacher** | **Date (dd-mm-yyyy)**  write the day in numbers, month in letters and year in full | **Final grade (1-10)**  use whole or half numbers, do not use 5.5 |
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