

**Assessment form: Individual education
Master Biomedical Sciences**

Studentnumber: Name:

Complied all requirements stipulated by the Master's degree programme in Biomedical Sciences, regarding:

☐ Individual education ☐ Module outside Radboud University ☐ Other:

Title individual education:

Code and amount of EC: 5
(as approved by the Board of Examiners) EC

Supervisor/teacher (name, titles):
Host department (institution):
City:
Country:
E-mail address:

This education is part of a major subject ☐ No ☐ Yes,
This education is part of a profile ☐ No ☐ Yes,
This education is part of ☐ No ☐ Yes,

Result:

Grade by the supervisor/teacher (on a scale of 1 to 10):

Name supervisor/teacher:
Signature:
Date: (dd-mm-yyyy)

Name major tutor
Signature:
Date: (dd-mm-yyyy)

To be filled out by StIP:
Received: (dd-mm-yyyy)
Processed: (dd-mm-yyyy)
Signature: