|  |  |
| --- | --- |
| **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 or put it in the physical mailbox at the Stip office)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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): |
|  |  |
|  |
| Amount of EC (as approved by the Board of Examiners): |  | EC |
|  |
| Teaching department, institution, city, country |
|  |

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

**Motivation of final grade**

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

|  |  |  |
| --- | --- | --- |
| **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 |
|  |  |  |