**Final assessment form:**

**Bachelor internship Biomedical Sciences**

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| Studentnumber: |       | Name: |       |

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| --- | --- |
| Title internship: |       |

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| Code and amount of EC (as approved by the Board of Examiners): | 5BS      | [ ]  22 EC |

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| Supervisor of the internship (name, titles): |       |
| Host department (institution): |       |
| City: |       |
| Country: |       |
| Radboudumc department for financial benefits: |       |

**ASSESSMENT:**

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| Grade based on performance during internship (on a scale of 1 to 10, including half grades): | (a) |  |
| Grade internship article, first assessor (on a scale of 1 to 10, including half grades): | (b) |  |
| Grade internship article, second assessor (on a scale of 1 to 10, including half grades): | (c) |  |
| Difference between grades for internship article of first and of second assessor: |  |  |
| *If applicable\*):*Grade internship article, third assessor (on a scale of 1 to 10, including half grades): | (d) |  |

\*) *Third assessor is required if grades of first and of second assessor differ more than 1.5 point*

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| Report is checked with Ephorus/turnitin and plagiarism is not detected | [ ]  True | [ ]  False |

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| --- | --- |
| **Grade internship (on a scale from 10 to 100)****5(a) + 2(b) + 3(c) or** *if applicable* **5(a) + (b) + (c) + 3(d)** |  |
| **FINAL GRADE (**on a scale of 1 to 10, including half grades): |  |

|  |  |
| --- | --- |
| Representative of the Board of Examiners: |       |
| Signature: |  |
| Date: (dd-mm-yyyy)  |       |

🡪 Note that supervisor and the bachelor internship committee can nominate this internship for the Dr. J. Bex award. For more information contact vera.vanlimpt@radboudumc.nl.