HIGHER EDUCATION INTERNATIONAL MOBILITY

FINAL THESIS EVALUATION FORM

to be filled in and signed by the responsible of the final thesis

Student: ____________________________________________
first name, last name

Matriculation n.: ________________________________________

Mobility Programme: ____________________________________
(Erasmus KA131, Erasmus KA171)

Name of the Host University: ______________________________

Erasmus Code: __________________________________________
if available

Supervisor of the Host University: ____________________________
first name, last name

Function of the supervisor: ________________________________

Department/Office: ______________________________________

Start date and end date of the final thesis: from ................ to ................

Final thesis title: ________________________________________

Short description of the thesis content:

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Evaluation of the student: sufficient ☐  good ☐  very good ☐  excellent ☐

ECTS grade/ Local grade: ______
where possible
Signature of the Supervisor: ________________________________

Date:                                                  Stamp: