Higher Education

SWISS EUROPEAN MOBILITY Studies

**Project/Thesis Assessment Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Last Name |  | First Name |  |
| Date of Birth |  | Place of Birth |  |
| Nationality |  | Sex |  |
|  |
| Sending Institution | G ATHINE01 |
| Faculty  |  |
| ACADEMIC RESPONSIBLE:  |  |
|  | Tel: | Fax: | e-mail: |
|  |
| Receiving Institution |  |
| Faculty |  |
| ACADEMIC RESPONSIBLE:  |  |
|  | Tel: | Fax: | e-mail: |

|  |  |
| --- | --- |
| START AND END DATES OF THE STUDY PERIOD:  | FROM *[DAY/MONTH/YEAR] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*TILL *[DAY/MONTH/YEAR] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

|  |
| --- |
| PROJECT/THESIS TITLE:  |
| PROJECT/THESIS BRIEF DECRIPTION:  |
| STUDENT’S ASSESSMENT: |
| Was the component successfully completed by the student? [Yes/No] |  | LOCALGRADE(1) |  | ECTS CREDITS AWARDED  |  |

(1) Please indicate the grade obtained by the student and the description of your grading scale.

|  |  |  |
| --- | --- | --- |
|  | Date  |  |
| Signature  | Institution’ s Stamp: |
|  |
| academic responsible at the Receiving Institution  |