

Assessment of the CMS Research Project

Student's Name, First Name: _____

Student's ID Number: _____

Study Course: Computational Modeling and Simulation / Track: _____

Topic: _____

Assignment to the Module: CMS-_____

Supervisor: _____

Examiner: _____

Short verbal assessment of the research project (on the reverse side):

Date of the colloquium: _____

Grade research project: _____

Grade colloquium: _____

Signature / Stamp, Examiner: _____

