

DEPARTMENT OF PHYSICS EVALUATION OF THE PROJECT SPH.04003

Master student

Name, first name, SIUS-nr:

E-mail:

Supervisor(s)

UniFr supervisor, name, first name:

If applicable, external supervisor, name, first name, University:

Project

Starting date:

Title:

Abstract:

Evaluation (5 ECTS)

Originality:

Understanding of the problem:

Amount of work:

Independence:

Quality of the report:

Remark:

Date:

Signature(s):

UniFr supervisor: External supervisor:

Once completed and signed, to be transmitted to Anne Fessler, office 1.54. Thanks!