

BACHELOR'S/MASTER'S THESIS ASSESSMENT

Thesis Tutor(s) and Peer Assessor

CONTACT INFORMATION

Title of the Thesis	
School (Unit) and Degree Programme	
Thesis Writer(s) (Family Name, Given Name)	Group Code(s)
Contact Information (Address, telephone, email)	
Host Company/Organisation (if applicable)	Contact Information (Address, telephone, email)
Thesis Tutor(s) <ul style="list-style-type: none"> a. JAMK b. JAMK c. Representative of the Host Company/Organisation (if applicable) 	
Peer Assessor (Family Name, Given Name)	Contact Information (Address, telephone, email)

ASSESSMENT

Choice of the topic and approach
Knowledge/theoretical base and structure
Thesis implementation
Results/output and analysis
Reporting

Grade Proposal (Thesis Tutor(s) only)

Excellent (5) Very Good (4) Good (3) Satisfactory (2) Sufficient (1)

Date (dd.mm.yyyy) _____

Signature(s) of the Thesis Tutor(s)

Final Assessment by the Bachelor's Thesis Work Group

Decision of the Bachelor's Thesis Work Group

Date: _____ (dd.mm.yyyy)

Final Grade

Excellent (5) Very Good (4) Good (3) Satisfactory (2) Sufficient (1)

Signature and Printed Name of the Chairperson of the Thesis Workgroup
