

BACHELOR'S/MASTER'S THESIS ASSESSMENT

Representative of the Host Company/Organisation

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	Contact Information (Address, telephone, email)
Representative of the Host Company/Organisation	Contact Information (Address, telephone, email)

ASSESSMENT

Choice of the Topic
Theoretical Basis
Implementation
Analysis and Reflection of the Results
Reporting

Date (dd.mm.yyyy)

Signature and Printed Name
