

Master thesis evaluation

Evaluation and discussion with the director and co-director of the master thesis for the Master of Medicine

Candidate:

Surname and name

Date of birth

Enrollment number

Thesis director:

Surname and name

University

Institute

Co-director (if applicable):

Surname and name

University

Institute

Decision:

Accepted

Not accepted

Comments:

Date / place: _____

Student

Director

Co-director
