**EVALUATION FORM for THESIS WORK of INCOMING STUDENT**

**POLITECNICO DI BARI - I BARI 05**

ERASMUS **STUDENT**’S NAME

SENDING INSTITUTION ERASMUS CODE

THESIS WORK PERIOD (**from** dd/mm/yy **to** dd/mm/yy)

NAME AND FUNCTION OF **THE SUPERVISOR**

TITLE OF THE THESIS WORK

SUBJECT AREA

KIND OF THESIS WORK :

BACHELOR THESIS MASTER THESIS  DOCTORAL PROJECT

THIS FORM IS FILLED IN AS:

**PRIOR AGREEMENT**, BEFORE STARTING THESIS WORK **FINAL EVALUATION**, AFTER THESIS WORK COMPLETION

PROPOSED NUMBER OF ECTS CREDITS:

NUMBER OF HOURS of the activity:

PROPOSED EVALUATION IN ITALIAN GRADES, xx/30 (write down “none” if the form is a prior agreement)

EVALUATION OF STUDENT’S WORK (if necessary, this part can be substituted by a Supervisor’s letter attached to the present document)

**Important note: the proposed number of ECTS credits and the proposed evaluation are a personal assessment of the thesis Supervisor. The student did not sit an official examination about the thesis work.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The International Mobility Coordinator of the student, and the Director of the Department have taken note of this evaluation form.

Signature of the International Mobility Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAMP

Signature and stamp of the Director of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_