

GRADUATE INTERNSHIP IN MATHEMATICS (MA5401/MA5402/QF5401)

ASSESSMENT FORM FOR ACADEMIC ADVISOR

Student's name :		
Matriculation number:		
Project Title:		
Academic Advisor:		
	results/outcome achieved, highlight a ntify any errors made. Use an addition	

Company Registration No: 200604346E

Faculty of Science

Department of Mathematics



Assessment Criteria	Weightage (%)	Mark awarded
Goal/task	20%	
Relevant tool used	10%	
Achievement of work plan	20%	
Others (if applicable, please specify)		
	Final mark:	
	•	
Date:	Signature:	

Please submit the completed form to Shanthi (<u>matsdd@nus.edu.sg</u>) within 3 working days after assessment is completed. Thank you!