

GRADUATE INTERNSHIP IN MATHEMATICS (MA5401/MA5402/QF5401)

ASSESSMENT FORM FOR COMPANY SUPERVISOR

Student's name & matric no:	
Project Title:	
Company name:	
Supervisor's name:	
	etail objective(s) to be met, results/outcome achieved, highlight any s of the student and identify any errors made. Use an additional sheet if

Faculty of Science

Department of Mathematics



Assessment Criteria	Weightage (%)	Mark awarded
Attitude (1-5 rating)	20%	
Performance (1-5 rating)	30%	
Creativity (1-5 rating)	30%	
Professionalism (1-5 rating)	20%	
	Final mark:	
Date:	Signature:	

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