**INDUSTRIAL APPLICATIONS COURSE**

**PROJECT EVALUATION FORM**

**(TO BE COMPLETED BY THE AUTHORIZED COMPANY REPRESENTATIVE)**

|  |
| --- |
| **PROJECT TITLE:** |
| **STUDENT’S**  **NAME:**  **SURNAME:** |
| **AUTHORIZED COMPANY REPRESENTATIVE’S**  **NAME:**  **SURNAME:**  **SIGNATURE:** |

**PROJECT WORK PACKAGES AND SUCCESS CRITERIA**

**The project work packages and success criteria will be filled out by the coordinator. It is necessary to fill in the relevant weeks for evaluating the student's success. The table can be adjusted by increasing or decreasing the work packages based on the project details. *Please evaluate on a scale of 50 points.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Package No.** | **Work Package Name** | **Duration (Weeks)** | | | | | | | | **Work Package Success Criteria** | **Were the work package criteria met?** | | **Please comment if success criteria could not be met.**  **(To be filled in by the Coordinator)** |
| **YES** | **NO** |  |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |  |  |  |  |
| **1.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |  |  |  |  |  |  |