

# Advanced Research Internship (ARI) Evaluation Form (SE0208)

## Information of the intern(s)

last name, first name: .....

matriculation number: .....

## Assessment of the ARI by the authorized examiner(s).

title of the ARI:

The workload to complete the ARI was as stated below:

200 hours attendance time (6 weeks) plus 40 hours self-study = 240 h (8 ECTS).

Date of presentation: .....

The learning outcomes are assessed as .....

.....  
(name, first name of the examiner)

.....  
(if applicable, name, first name of the supervisor)

Garching, ..... (date) .....

(signature of the authorized examiner(s) and institute stamp)