

 UNIVERSITY of ULSTER	School of Biomedical Sciences <i>Module title, Module code</i>
	Name of Student:
	Project Title:
	Supervisor(s):

Form 4: Report on Project Work (Supervisor)

	Comments (must be completed for each section)	Mark Awarded
Independence and initiative		/20
Organisational ability		/20
Practical/ experimental ability		/20
Diligence/ perseverance		/20
Critical ability		/20
General comments		Total

Signature of supervisor:

Date: