

MSc CBB: Lab Rotation @ Unibas/UZH – Assessment

The signed form must be submitted **by the supervisor** to student-admin@bsse.ethz.ch after completion of the research project.

Student Name:			
Student Nr:			
Lab Rotation Supervisor (Prof.):			
Lab Rotation Assessment:	<input type="checkbox"/>	pass	<input type="checkbox"/> fail

Please select the course number for this assessment.

	Course Nr.	Course Title	ECTS
	262-0300-00L	Lab Rotation Short 1	9
	262-0301-00L	Lab Rotation Short 2	9
	262-0303-00L	Lab Rotation Long	18
	262-0302-00L	Industry Internship Short	9
	262-0304-00L	Industry Internship Long	18

Date:		Supervisor Signature:	
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