Student Records Office

JACOBS UNIVERSITY

Master's Thesis Evaluation

Student's Personal Information	
Matriculation N°	
Family Name	
First Name	
Major	
Academic Advisor	

Master's Thesis Evaluation	
Thesis Grade (1.00, 1.33, 1.67, …, 4.67, 5.00)	
Short written assessment of the thesis:	

Examiner's Signature I hereby submit the Master's Thesis grade for the above-named student.		
Date	Name	Signature

Please note: A copy of your evaluation will be sent to the Dean.