

Examiners' Evaluation Form

Student ID:	
Examiner's name:	
Name of the organization/ project title:	

Evaluation Criteria	Benchmark Score	Examiner's Score	Comments
1. Organization of the report	15		
2. Analytical abilities	20		
3. Creativity/ novelty	20		
4. Referencing	10		
5. Formatting of the report	10		
6. Presentation/ oral	25		
communication skills			
Total (100)			

Examiner's signature with date

Name of the student: