Advanced Lab Course for Master Students SoSe 2025 Evaluation form

| Tutor's | Name: |
 | |
|---------|-------|------|------|------|------|------|------|------|------|--|
| Email: | ••••• |
 | |
| Phone: | |
 | |

Group	Names	Date of Exp	Grade Prep+Exp	Date of Report	Date of Review	Grade Report+Discussion	Total Grade
G							
G							
G							
G							
G							
G							
G							
G							
G							
G							
G							
G							
G							