**Assessment and feedback by the supervisor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Elective subject |  | | | |
| Elective dates | From | | To | |
|  | |  | |
| Elective location |  | | | |
|  |  | | | |
| Assessment | | | | |
| Grade |  |  | |  |
|  |  | |  |
|  |  | | | |
| General comments on the performance of the student |  | | | |
| To what extent do you feel the student has met their proposed aims and objectives? |  |  | |  |
|  |  | |  |
| Supervisor’s name and signature |  | | | |
| Institution stamp/seal |  | | | |