MSc Mid-term Review Form

Master Aerospace Engineering

This form must be submitted within one week after the Mid-term Review meeting. Only fully completed digital forms can be taken into account. Send this form to SPA-LR@tudelft.nl.

Name Student _____

Student Number _____

E-mail Address _____

Reflection on the graduation process (to be filled in by the student before the mid-term)	
Reflection on quality	*<to be filled out by the student>*
Reflection on planning	*<to be filled out by the student>*
Reflection on supervision and/or project context	*<to be filled out by the student>*

Midterm decision supervisor		
☐ Go	☐ Adjust	☐ No Go

Motivation of the decision
<to be filled out by the supervisor>.
In case the decision is 'Adjust': new arrangements
<to be filled in by the student, based on the mid-term review and the above motivation. If applicable: add appendices>

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_____	_____	_____
Date	Name Responsible Supervisor[1]	Signature Responsible Supervisor

EWEM only:

_____	_____	_____
Date	Name Supervisor DTU	Signature Supervisor DTU

Only in case of a 'No-go' decision:

_____	_____	_____
Date	Name second staff member (Examiner)	Signature second staff member (Examiner)