**OPINION FORM**

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| MSC FELLOW |  | |
| SUPERVISOR |  | |
| DEPARTMENT |  | |
| Assessment period | 2019 – 2020 | |
| Opinion about research project and the MSC Fellow performance | | |
|  | | |
| Date and Signature\*:   * the Head of the Department in which the Research Project has been implemented * the PhD student supervisor   *\*delete as appropriate* | |  |
| OPINION | | Positive / Negative\*  *\*delete as appropriate* |