

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		
<input type="checkbox"/> Go	<input type="checkbox"/> Adjust	<input type="checkbox"/> No Go

Motivation of the decision
<to be filled out by the supervisor>.

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

MSc Mid-term Review Form
Master Aerospace Engineering



Date Name Responsible Supervisor¹ _____
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)