



Macromedia University of Applied Sciences

Course Title: Software Project 2 Retake

Name of Examiner: Prof.Ahmet Yildiz

To be completed by students:

302361

Student ID number

B-UBr DT SWE 6e 23W

Matriculation

Pehlivan

Last name

Daria

First name

The student work will be submitted as:

(Please fill in the letter X in the appropriate box)



Individual work



Group work

Does only apply to group work: (Complete only if it is a group work)

If you are submitting a group work, please list the first and last names of all group members. The names must be entered electronically by the respective group members themselves. By entering the name, it is confirmed that the student agrees to submit the paper in the present form. Furthermore, by entering their names it is declared by the individual groups members to have created the project paper (in case of a group work: the part which the respective student has contributed to the paper and has marked accordingly within the paper) on their own, without the help of others. In the process, the student has not used any aids other than those cited in the listing of sources and literature. All passages taken either verbatim or in adapted form from publications are indicated as such. The work has not been submitted to another examination office in the same or a similar form. With the submission, the group members agree that all evaluations and notes of the examiners are deposited in the uploaded work. The group member who uploaded the work must make the correction notes available to the other group members.

1)

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6)

7)

8)

Assessment of group work:

(Please fill in the letter X in the appropriate box)



I apply for an individual evaluation (i.e. each member of the group will receive an individual mark)



I apply for a group evaluation (i.e. each member of the group receives an identical grade)

Slupsk, 08.09.2025

Place/Date

Daria Pehlivan

Complete First Name and Last Name

Evaluation (according to grading scale), result of initial inspection: total points: _____

Date:

Name, first name First Examiner (to be filled in digitally)

To be completed by the examiner: (Text area for the second examiner)