



Technische Universität München



Department Chemie

Organisch-Chemisches Forschungspraktikum  
Dr. Stefan Breitenlechner

## Evaluation Internship/Lab Rotation/Research Project<sup>1</sup>

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Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Reg. number: \_\_\_\_\_

Major subject organic chemistry       Minor subject organic chemistry       Optional subject

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Group/Company: \_\_\_\_\_

Project Adviser: \_\_\_\_\_

Training period: \_\_\_\_\_

Topic: \_\_\_\_\_

Project abstract

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Evaluation:

	excellent	very good	good	satisfactory	sufficient	not sufficient
Rating for the given criteria						
<u>Practical Part</u>						
- Practical competence / lab work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Motivation and cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Documentation, organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Project Report (experimental part)</u>						
- Description of the experiments / reproducibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Quality of the evaluation of analytical data (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Project Report (Theoretical Part)</u>						
- Review of the scientific background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Literature survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_,  
(Date)

\_\_\_\_\_  
(Signature Project Advisor)

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<sup>1</sup>Please send this document to Dr. S. Breitenlechner – LSt. OC 1, TUM – Lichtenbergstr. 4 – D - 85747 Garching – Germany