



PRESIDENT OF THE EVALUATION JURY

Appendix V

FACULTY ADVISOR'S EVALUATION OF THE FINAL UNDERGRADUATE DISSERTATION

STUDENT INFORMATION

Surname ..... Name .....  
DNI/NIE/Passport ..... Street Address .....

Postal Code ..... Town/City ..... Province .....  
Phone Number ..... E-mail .....

Programme of Study: DEGREE in .....

TITLE OF FINAL UNDERGRADUATE DISSERTATION

FACULTY ADVISORS

1. Surname ..... Name .....
2. Surname ..... Name .....

The presented Final Undergraduate Dissertation is, hereby, evaluated as follows:

Evaluation of the Final Undergraduate Dissertation					
	Insufficient	Passing	Good	Very Good	Excellent
Originality	<input type="checkbox"/>				
Objectives/Competences	<input type="checkbox"/>				
Methodology	<input type="checkbox"/>				
Results	<input type="checkbox"/>				
The Paper and Presentation	<input type="checkbox"/>				

OBSERVATIONS AND COMMENTS

....., ..... of....., 20.....

FACULTY ADVISORS

Signed:

Mr./Ms. ....

Mr./Ms. ....

