



Supervisor Feedback

Name of applicant _____

Project title _____

Duration and place of stay _____

Supervisor _____

home institution

host institution

1) Is the project feasible?

Yes

No

Comments:

2) Please rank the quality of the project (1 = best, 5 = worst)

1 2 3 4 5

3) Is it the right time to conduct the project?

Yes

No

Comments:

4) What activities have to be carried out before the start of the project stay?

Comments:

5) What is the intended outcome?

6) Do you have any specific requests?

Yes No

Comments:

7) Do changes need to be made to the project proposal?

Yes No

Comments:

Date & signature by supervisor _____