**Assessment and feedback by the supervisor**

|  |  |
| --- | --- |
| Full name |  |
| Elective subject |  |
| Elective dates | From  | To  |
|  |  |
| Elective location |  |
|  |  |
| Assessment |
| Grade |  |  |  |
|  |  |  |
|  |  |
| General comments on the performance of the student |  |
| To what extent do you feel the student has met their proposed aims and objectives? |  |  |  |
|  |  |  |
| Supervisor’s name and signature |  |
| Institution stamp/seal |  |