

**Federal state autonomous educational institution for higher professional education
National Research University Higher School of Economics**

Faculty _____

Programme _____

Field of study/qualification code and name _____

Interim Assessment Record Sheet (research seminar\internship\project) No. _____

Year of study: _____ Module/semester: _____ Academic year _____

Title of research seminar/project _____

Internship type _____

Hours/credits: _____

Full name of the supervisor of research seminar/ internship/ project:

Examination date: " ____ " _____ 20 ____

No.	Student ID card number	Student's full name	Internship location*	Grade for research seminar/internship/project	
				On a 10-point scale (number)	On a 5-point scale (description)

*To be filled in if there is an interim assessment for internship

5-point scale	10-point scale
Fail	0
	1
	2
	3
Satisfactory	4
	5
Good	6
	7
Excellent	8
	9
	10

Students present: _____

Students absent: _____

Teacher's signature

_____ (name and signature)

_____ (name and signature)

_____ (name and signature)

Programme Manager

(name and signature)