

Presentation Bachelor or Master-Thesis

Duration of the presentation: max. 20 minutes

Name 1st examiner (supervisor)

Name 2nd examiner (Master only)

Student _____

Matriculation number _____ B.Sc./M.Sc. Course _____ Semester _____

Theme/Titel _____

Date _____ Start colloquium _____ Start presentation _____

End colloquium _____ End presentation _____

Presentation

Please mark with a cross on a scale from 1 to 5

very good 1 2 3 4 5 fail

Nature of presenting	freely spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mostly read
	vivid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monotonously
Contact with audience	facing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reserved
Speed	adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too fast/too slow
Denseness	adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too concentrated/discursive
Understandability/ Word usage	good/ adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bad/ inadequate
Linguistic quality, usage of terms	precise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	imprecise

Illustrative material ("Slides"):

Structuring	very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very bad
Readability	very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very bad
Contribution to comprehension	very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very bad

Subtotal page 1 _____ Total p. 1 _____
(number of crosses x scaling points)

