

Astrophysical Lab: Summer-Semester 2019

Title of Experiment:

Supervisor (1st Afternoon):

Supervisor (2nd Afternoon):

Group (Number):

Names (of the students):

Please indicate here whether you are an Astrophysics Master student (MA) or a Physics Master student (MP):

Please also indicate the course number:

1st Afternoon (Date, Times of Start and End):

2nd Afternoon (Date, Times of Start and End):

Time you needed to work on the report (at home) in person hours (sum over all group members); this information does not enter the evaluation, but helps us to adjust the lab-content:

Here is space for your comments:

What did you like? How would you improve the labs? Would you actually like to implement the improvements yourself?

Signatures of the students, with date: (With this signature you confirm that you have not used any other references for your work than those quoted in your lab report, and that you also have not copied any content from other student's reports.)

Evaluation of the lab report, and performance of the students during the lab (by the supervisor)

Signature of the lab supervisor, with date.