

**Monitoring Form for Academic Degree Programs**

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Master Program -----  
Year of study -----  
date “-----“ “-----“2009  
Time-----

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Discipline (module)-----  
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Teacher-  
(Acknowledged) -----

Relevance of ongoing study process to  
thematic plan-----

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Student’s feedback-----  
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Teacher’s feedback-----  
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Teacher -----

Mentor of Master’s Program -----

Representative of  
Quality Assurance Department -----