

# **PROFESSIONAL MASTER'S DEGREE PROGRAM IN SCIENS APPLIED TO HEALTH**

## EVALUATION FORM

Note: Fill in a form for each submitted project, and send it by email to **proppes\_ss@univas.edu.br**, with a copy to **danielafveiga@gmail.com**, up to 7 (seven) days after submission

Evaluating Student:      - Date(dd/mm/aa):

**Student Presenter :**

**Project Title:**

1. Mention 5 positive and 5 negative aspects of the project:
  
2. Suggestions for Project Enhancement: