

Astrophysical Lab: Summer Semester 2025

Title of experiment:

Supervisor (1st afternoon):

Supervisor (2nd afternoon):

Group (number):

Names (of the students):

(Please also indicate whether you are a Master's student in Astrophysics (MA) or in Physics (MP) and in which semester you are.)

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 into the evaluation, but it 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 these improvements yourself?

Signatures of the students, with date:

With your signatures you confirm that you have not used any references for your work other than those quoted in your lab report, and that you have not copied any content from other students' reports.

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

Signature of the lab supervisor, with date: