

Registration for a Research Internship
(Bioinformatics Master's Degree Program, **Study Regulations / Examination Regulations**
June 6th 2012 – 262b)

Student:

Surname: _____ First Name: _____

Enrollment number: _____ Subject-specific semester: _____

Title, First Name, Surname of Supervisor: _____

Internship Placement: _____

Address: _____

Telephone and Email: _____

Short Profile of Business (link may be given): _____

Time period from – to (min. 7 weeks): _____

Topic (content, planned activities, internship goals):

_____ Date and Student Signature

Mentor:

Title, First Name, Surname: _____

Institute: _____

Telephone: _____

Email: _____

I hereby approve the above named internship as a research internship for the Master's degree program in Bioinformatics. In addition, I am prepared to confirm the successful completion of the internship, namely by reading the report and listening to the concluding lecture. The internship is not graded.

_____ Date and Mentor Signature

Please send completed form to:

Freie Universität Berlin
Examinations Office for Computer Science / Bioinformatics
Arnimallee 14, Room 1.1.14b
14195 Berlin