

Department of Mathematics and Computer Science

Certification for the Completion of a Research Internship ('Forschungspraxis') – MSc Data Science

Please tick: Course Study & Exam. Regulations from 18 April 2019 – 0590a 30 June 2021 – 0590b

Student:

Surname: _____ First Name(s): _____

Enrollment No.: _____ Email: _____

Please enter Computing Services (ZEDAT) account

Supervisor:

Internship Placement: _____

Address: _____

Email: _____

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

Number of hours (min. 270): _____

Date and Supervisor Signature

Mentor:

Title, First Name, Surname: _____

Institute: _____

Telephone: _____

Email: _____

I have accepted the submitted report on the research internship which comprises 5-10 pages.

The concluding lecture (30 minutes) took place on

Date: _____

Topic: _____

Institute: _____

Date and Mentor Signature

Please return the completed form to: Examination Office for Computer Science
Freie Universität Berlin,
Arnimallee 14, Room 1.1.14b
14195 Berlin
or email to maria.koekenhoff@fu-berlin.de