

Registration for a Research Internship

(Bioinformatics Master's Degree Program)

Study & Examination Regulations 23 September 2019 – 262c)

Student:

Last name: _____ First name: _____

Matr. No.: _____ semester: _____

Last name, First name, title **supervisor**: _____

Internship position: _____

Address: _____

Tel: _____ Email: _____

Short company profile / link: _____

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

Topic (content, planned activities, objectives of the internship):

_____The Research Internship is part of a paid activity/employment. Please mark yes ☐ no ☐_____
Date_____
Signature student_____
Date_____
Signature supervisor (if not instructor)**instructor:**

Last name, First name, title: _____

Institution: _____

Tel: _____ Email: _____

I approve the above-mentioned 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_____
Signature instructor**Please send the filled-in document to or put it in the letterbox of:**

Freie Universität Berlin - Fachbereich Mathematik und Informatik
Prüfungsbüro (Raum 1.1.14b)
Arnimallee 14, 14195 Berlin