

Freie Universität Berlin - Department of Mathematics and Computer Science

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

**Student:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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 sides.**

**The concluding lecture (30 minutes) took place on**

Date: \_\_\_\_\_

Topic: \_\_\_\_\_

\_\_\_\_\_

Institute: \_\_\_\_\_

\_\_\_\_\_

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**