

Department of Mathematics and Computer Science

Registration for a Research Internship
Data Science Master's Degree Program Study & Examination Regulations
18 April 2019 – 0590a)

Student:

Surname: _____ First Name: _____

Enrollment number: _____ Subject-specific semester: _____

"Social Sciences" strand

"Life Sciences" strand

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. 270 hrs): _____

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 Data Science. 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:
Examinations Office for Computer Science (FU Berlin)
Arnimallee 14, Room 1.1.14b
14195 Berlin