

Department of Mathematics and Computer Science

Certification for Completion of a Research Internship (Pflichtpraktikum)
Bioinformatics Master's Degree Program
Study & Examination Regulations 23 September 2019 – 262c

Student:
Surname: _____ First Name: _____
Student ID 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 return the completed form to:
Examination Office for Computer Science / Bioinformatics
Freie Universität Berlin
Arnimallee 14, Room 1.1.14b
14195 Berlin
Email: maria.koekenhoff@fu-berlin.de