

Department of Mathematics and Computer Science
Registration for a Research Internship (Pflichtpraktikum)
Bioinformatics Master's Degree Program
Study & Examination Regulations 23 September 2019 – 262c

Student:

Surname: _____ First Name: _____

Student ID No.: _____ Subject-specific semester: _____

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. 7 weeks): _____

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 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 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