

Certification for Completion of a Research Internship

(Bioinformatics Master's Degree Program
Study & Examination Regulations 23 September 2019 – 262c)

Student:

Last name: _____ First name: _____

Matr. No.: _____ Email: _____

ZEDAT-Account

supervisor:

Internship position: _____

Address: _____

Tel: _____ Email: _____

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

Number of hours (min. 270): _____

Date

Signature supervisor

instructor:

Last name, First name, title: _____

Institution: _____

Tel: _____ 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: _____

Institution: _____

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