

Registration for the Professional Internship

(Bioinformatics Bachelor's Program, scope: 240 hours/10 credits,
all Examination Regulations from 2007)

Student:	
Last name: _____	First name: _____
Matr. No.: _____	semester: _____
Last name, First name, title supervisor: _____	
Internship position: _____	
Address: _____	
Tel: _____	Email: _____
Short company profile / link: _____ _____	
period from _____ to _____	
Topic (content, planned activities, objectives of the internship) _____ _____ _____ _____	
_____	_____
Date	Signature student

internship coordinator:	
Last name, First name, title: _____	
Institution: _____	
Address: _____	
Tel: _____	Email: _____
I approve the above-mentioned internship as a professional internship in the Bachelor's degree program in Bioinformatics.	
_____	_____
Date	Signature internship coordinator

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