

## Registration for the Professional Internship

(Bioinformatics Bachelor's Program, scope: 240 hours/10 credits)

<b>Student:</b>	
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

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