



FU Berlin - FB Mathematik und Informatik

Certificate for a research project

(Master's program Computational Sciences, StO/PO of April 21, 2016 – 496a)

Only complete and legibly filled-in documents will be processed.

Last Name: _____	First Name: _____
Matr. No.: _____	Email: _____
	Zedat-Account _____

To be filled in by supervisor:

The student has completed his/her project contribution within the module

Forschungsprojekt A Forschungsprojekt B Forschungsprojekt C

Forschungsprojekt D Forschungsprojekt E

with title: _____

under the following conditions:

The presentation was given on _____ ,
Date

the written project report was submitted on _____
Date

and evaluated formally and contentwise with _____
Grade

_____ _____
Date Signature supervisor

First Name, Last Name (supervisor): _____

Institution/address: _____

Telephone: _____ Email: _____

Please send the filled-in document to or put it in the letterbox of:

Freie Universität Berlin - Fachbereich Mathematik und Informatik

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