

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
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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
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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