

Internship Certificate for Professional Internship

(Bioinformatics Bachelor's Program)

Supervisor:

The below-mentioned student

Last name: _____ First name: _____

Matr. No.: _____ has completed at

Last name, First name supervisor: _____

Institution: _____

Address: _____

Tel: _____ Email: _____

in the period from _____ to _____ a qualified work placement (lasting at least six weeks or 240 hours) and written a report.

Work tasks: _____

Date Signature supervisor

To be completed by the internship coordinator (not by the internship institution!)

The intership's report of 2-5 pages was submitted and accepted by me.

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