

Registration for a Research Internship
(Bioinformatics Master's Degree Program
Study & Examination Regulations 23 September 2019 – 262c)

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 (min. 7 weeks): _____

Topic (content, planned activities, objectives of the internship):

Date

Signature student

Date

Signature supervisor (if not instructor)

instructor:

Last name, First name, title: _____

Institution: _____

Tel: _____ Email: _____

I approve the above-mentioned internship as a research internship for the Master's degree program in Bioinformatics. In addition, I am prepared to confirm the successful completion of the internship, namely by reading the report and listening to the concluding lecture. The internship is not graded.

Date

Signature instructor

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