

**Registration for a Research Internship**  
(Data Science Master's Degree Program, Module "Forschungspraxis")

**Student:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Enrollment number: \_\_\_\_\_ Subject-specific semester: \_\_\_\_\_

Title, First Name, Surname of Supervisor: \_\_\_\_\_

Internship Placement: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone and Email: \_\_\_\_\_

Short Profile of Business (link may be given): \_\_\_\_\_

\_\_\_\_\_

Time period from – to (min. 7 weeks): \_\_\_\_\_

Topic (content, planned activities, internship goals):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date and Student Signature

**Mentor:**

Title, First Name, Surname: \_\_\_\_\_

Institute: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby approve the above named internship as a research internship for the Master's degree program in Data Science. 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 and Mentor Signature

*Please send completed form to:*

**Freie Universität Berlin  
Examinations Office for Computer Science / Data Science  
Arnimallee 14, Room 1.1.14b  
14195 Berlin**