

Freie Universität Berlin - Department of Mathematics and Computer Science

Certification for Completion of a Research Internship
(Data Science Master's Degree Program, Module "Forschungspraxis")

Student:

Surname: _____ First Name: _____

Enrollment No.: _____ Email: _____
Please enter Computing Services (ZEDAT) account

Supervisor:

Internship Placement: _____

Address: _____

Email: _____

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

Number of hours (min. 270): _____

Date and Supervisor Signature

Mentor:

Title, First Name, Surname: _____

Institute: _____

Telephone: _____

Email: _____

I have accepted the submitted report on the research internship which comprises 5-10 pages. The concluding talk / lecture (about 30 minutes) took place on

Date: _____

Topic: _____

Institute: _____

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