

Date



Master Program of Biomedical Engineering

Registration of Research Internship

| Please hand in to the Study coordinator | |
|--|---|
| Student's name: | |
| Matriculation number: | |
| Address: | |
| Phone/fax/email: | |
| Supervisor interenal (Institute): _ | |
| Starting date: | Finishing date: |
| Topic or title of the Research Inte | ernship: |
| Date | Supervisor internal |
| Date | Student |
| The following document(s) have | |
| ☐ Internship description (one pa | ge maximum) |
| | is done outside the University (UzL) or the University of Applied per has to be handed in additionally: |
| | external organization, that the results may be published in a pape conference in Lübeck in form of a paper, poster and a talk. The is obligatory for the student. |
| The statement has to be signed and stamped and written on company's letter paper. It should contain contact dates and academic degree of the supervisor at the company or external organization. | |
| The internship is approved of: | ======================================= |

Chairperson of the examination committee