

Date



## Master Program of Biomedical Engineering

## **Registration of Research Internship**

Please hand in to the Study coordinator	
Student's name:	
Matriculation number:	
Address:	
Email:	
Supervisor internal/Institute:	
Starting date:	Finishing date:
Topic or title of the Research Int	ernship:
Date	 Supervisor internal - Signature
Date	Student - Signature
======================================	e to be attached:
☐ Internship description (one pa	ige 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.
contain contact dates and acade organization.	and stamped and written on company's letter paper. It should emic degree of the supervisor at the company or external
The internship is approved of:	

Head of BME Program