



Master Program Medical Microtechnology
Registration of Research Internship

Please hand in to the Study coordinator

Student's name: _____

Matriculation number: _____

Address: _____

Phone/fax/email: _____

Supervisor internal (TH or Uni): _____

Starting date: _____ Finishing date: _____

Topic or title of the Research Internship: _____

Date Supervisor internal

Date Student

=====

The following document(s) have to be attached:

- Internship description (one-page maximum)

In case the research internship is done outside the Universität zu Lübeck (UzL) or the University of Applied Sciences (THL) the following paper has to be handed in additionally:

- statement of the company or external organization, that the results may be published in a paper and presented at the students' conference in Lübeck in form of a paper, poster and a talk. The participation of the conference 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:

Date

Chairperson of the examination committee