

FU Berlin – FB Mathematik und Informatik
Certificate for a research project

(Master's programme Computational Sciences, StO/PO of April 21st 2016 – 496a)

Only complete and legibly filled-in documents will be processed.

Last name: _____ First name: _____

Matr. No.: _____ E-Mail: _____
ZEDAT–Account

To be filled in by supervisor:

The student has completed his/her project contribution within the module

- Research project A Research project B Research project C
 Research project D Research project E

with title: _____

under the following conditions:

The presentation was given on _____,
Date

the written project report was submitted on _____,
Date

and evaluated formally and contentwise with _____.
Grade

Date Signature supervisor

First name, last name (supervisor): _____

Institution/address: _____

Telephone: _____ E-Mail: _____

Please send the filled-in document to:

Freie Universität Berlin
Fachbereich Mathematik und Informatik
Prüfungsbüro
Arnimallee 14, Raum 1.1.14b
14195 Berlin