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|---|----------------------------|
| Study program: | Master Biochemistry |
| Registration of a research internship (10 CP) | |
| Institute: | |
| In the working group of Prof: | |
| Signature: | |
| For external internships, an approval of a professor in the Biochemistry degree program is needed | |
| As a general rule, the internships should take place: <ul style="list-style-type: none"> - in one of the working groups of the biochemistry teaching unit - in the departments of the Goethe University directly involved in the study course (FB 13, 14, 15); the topic should cover either molecular biology or/and cell biology or/and biochemistry or/and biophysical chemistry. - in the institutes directly involved in the study course: MPI for Biophysics and working groups at the PEI, which are included in the list approved by the Biochemistry Study Commission (www.uni-frankfurt.de/81331711/Generic_81331711.pdf); the topic should cover either molecular biology or/and cell biology or/and biochemistry or/and biophysical chemistry. <p>If the internships are completed outside of the working groups involved in the study course, e.g. in Faculty 16 (medicine), in industry or abroad, a university lecturer in the biochemistry teaching unit must act as an additional supervisor. To determine the topic, you must first consult with this supervisor. The topic should cover either molecular biology or/and cell biology or/and biochemistry or/and biophysical chemistry.</p> <p>Both internships can also be combined upon application (to the audit committee) for an internship abroad or for an internship outside the student's regular place of residence.</p> | |
| Registration date: | |
| Surname, first name: Street: Postcode City: Phone. Nr.: Email: | |
| Student registration number: | |
| Student signature: | |

Please send back to:
Goethe University Frankfurt/Main
Faculty Biochemistry, Chemistry and Pharmacy
Examination Office, Max-von-Laue-Str. 9

Study program Master Biochemistry

Examination record

A3 Research Internship (10 CP) [2081] + [2091]

Done at Institute:

Surname, First name:

— Student registration
number:

Assessment of practical activity

from:

till:

Assessment: passed / not passed

Assessment of the protocol

Submission date:

Assessment: passed / not passed

Overall Grade (formed from both parts as an overall assessment):

Examiner: Prof. Dr.

Signature:

Remarks: