

## Internship Plan Applied Data Science M.Sc.

Please provide details on the internship in English or German.

Title of Internship Project

Duration of Internship

from  to

Supervisor (Project)

name, company / department,  
contact information

Project Outline

(theoretical) background,  
research question, approach

Student's tasks

Date

Signature contact person (Project)

**Research Lab Rotation (M.Inf.2801)  
Applied Data Science M.Sc.**

Name

Enrolment Number

Internship Department

Contact Information

Duration of Internship from  to

Title of Internship Project

**mandatory attachment: Internship Plan**

**to be filled in prior to the beginning of the internship**

Supervisor

Please note: the supervisor needs to be authorized for examination (possess a "Prüfungsberechtigung").

I accept the supervision.

I confirm that the internship plan meets the necessary formal and subject-specific requirements in order to recognise the planned internship as module M.Inf.2801.

Date

\_\_\_\_\_  
Signature Supervisor

**Annotations**

## Examination

**to be filled in prior to the beginning of the internship**

**Internship report** (to be filled in by the supervisor)

Submission Date

Please note: the submission date of the internship report is mandatorily the last day of the internship.

I talked to my supervisor and took notice of the submission date of my internship report.

Date

Signature Student

**Colloquium** (to be filled in by the programme coordinator)

expected date of presentation

All the necessary formalities in order to recognise the planned internship as module M.Inf.2801 have been fulfilled.

Date

Signature Programme Coordinator

**to be filled in after completion of the internship**

**Grading** (to be filled in by the supervisor)

Grading

passed

failed

Group of modules

2.c.aa. Job-related competencies

Date

Signature Supervisor

Please send the completed form to [anna.platte@informatik.uni-goettingen.de](mailto:anna.platte@informatik.uni-goettingen.de)