

Registration for Practical Training Course Master's Programme in Mathematics

Surname: Date of birth:

First name: Matric. no.:

I herewith register according to the examination regulations for the Master's Programme in Mathematics of the Mathematisch-Naturwissenschaftliche Fakultät at the Rheinische Friedrich-Wilhelms-Universität Bonn, for the following practical training course in the

(term / year) .

Deregistration is not possible.

P4G2 Examiner
External Internship :

Description of the internship:

Company:

Period:

Project:

Place

Date

Signature student

Confirmation of the examiner:

Place

Date

Signature examiner