



Research Internship (8 weeks) - Registration form

TO BE FILLED IN BY STUDENT

Last name:	First name:
Student ID:	Email address:
Research project:	
Start and end dates of the internship <div style="text-align: center;">DD/MM/YYYY – DD/MM/YYYY</div>	
External Research Internship: yes <input type="checkbox"/> no <input type="checkbox"/>	
Name and address of the supervising institution (company, research institution, university, etc.):	
Name and contact details of the responsible supervisor at the external institution:	
Name and Chair of the TUM supervisor:	
Freising-Weihenstephan, _____ <div style="text-align: center;">(date)</div>	
_____ (Student’s signature)	_____ (Signature TUM supervisor)

TO BE FILLED IN BY THE HEAD OF THE EXAMINATION BOARD

The permission to complete the Research Internship outside the Technische Universität München

is granted **is denied**

Signature _____ Date _____

Prof. Dr. M. Klingenspor
 Head of Examination Board for the Master`s program in Nutrition and Biomedicine