

INTERNSHIP FORM

To whom it May concern,						
Students of the	Department /	Drogram	a are required	to complete a		
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· · · · · · · · · · · · · · · · · · ·	usiness firms and organization for your support to our				(Photo)	
	t your company for da		wilose details a	ire given below		
	t your company for da	уз.				
STUDENT INFORMATION						
ID No:						
Name Surname :			Student No:			
+				100 🗆	290	
Department /Program:			Internship No: Cell Phone	190 🗆	290 🗆 390	
E- Mail :			Number :			
Address :						
INTERNSHIP COMPANY						
Name:						
Address :						
Production / Service Area:						
Phone:			Fax:			
E-Mail:			Web Address:			
Internship Starting Date:	Endin	g Date:		Working Days		
Internship Days Schedule						
	Compulsory İnternship		On-site Internship			
Internship Application Type:						
Турс.	Voluntary Internship		Online Internship			
COMPANY AUTHORIZED PER	SON					
Name Surname:						
Job and Title :						
E- Mail:			Signature / Stamp			
Date:			Stamp			
	DEDARTMENT / DROCDAM	DEAN /	DIRECTORATE			
STUDENT SIGNATURE	DEPARTMENT / PROGRAM APPROVAL			INTERNSHIP (INTERNSHIP OFFICE	
I hereby confirm that the information given on this form is	Electronic approval is given.	Electror	nic approval is given	. Electronic app	Electronic approval is given.	
true. I kindly request the documents required for the						
internship to be prepared.						
Date :	Date : Date :			Date :		
טמוכ .	Succ.	Date.		Date.		

<u>NOTE</u>: <u>At least 15 days before</u> the start date of the Compulsory/Voluntary internship, 1 internship application form, employer information form, photocopy of ID, 1 passport-sized photograph attached to the form, and the student's notification by e-mail to the advisor responsible for the internship, It is obligatory to send an e-mail to the Faculty / Vocational School Department Secretariat. It is important to fill out the forms in the computer environment. <u>Forms not received on time will not be processed</u>. An e-mail will be sent to the student by the Faculty/Vocational School Department Secretariat before the SSI Declarations start date of the internship.