



To whom it May concern,

Students of theDepartment / Program are required to complete a compulsory internship in business firms and organizations before the end of their study period. We would like to thank you for your support to our student whose details are given below during her/his internship at your company for days.

(Photo)

STUDENT INFORMATION

ID No:			
Name Surname :		Student No:	
Department /Program:		Internship No:	<input type="checkbox"/> 190 <input type="checkbox"/> 290 <input type="checkbox"/> 390
E- Mail :		Cell Phone Number :	
Address :			

INTERNSHIP COMPANY

Name:			
Address :			
Production / Service Area:			
Phone:		Fax:	
E-Mail:		Web Address:	
Internship Starting Date:		Ending Date:	
		Working Days:	
Internship Application Type:	<input type="checkbox"/> Compulsory Internship <input type="checkbox"/> Voluntary Internship		

COMPANY AUTHORIZED PERSON

Name Surname:			
Job and Title :		Signature / Stamp	
E- Mail:			
Date:			

STUDENT SIGNATURE	DEPARTMENT / PROGRAM APPROVAL	DEAN / DIRECTORATE APPROVAL	INTERNSHIP OFFICE
I hereby confirm that the information given on this form is true. I kindly request the documents required for the internship to be prepared.	Student meets the required conditions for an internship and we hereby approve the company suggested for internship.		The registration to the Social Security Institution has been made by the Internship Office according to the start date of the
Date :	Date :	Date :	Date :

NOTE : Students are required to submit their ID card copies and 2 passport photos to their Faculties/Schools **at least 20 days before** they start their internship. **The form should be submitted as 3 original copies (not photocopies).** Forms must be submitted to the Internship Office at least 15 days before the internship starts after the approval of the Faculty/School. **The forms that are not submitted within the mentioned time period will not be processed.**