



IŞIK UNIVERSITY
ENGINEERING FACULTY

INDUSTRIAL PRACTICE APPLICATION FORM

Student information:		
Name		
Student Number		
Department	<input type="checkbox"/> Computer Science <input type="checkbox"/> Electronics <input type="checkbox"/> Industrial	Undergraduate year completed: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
1 st industrial practice date: Company name:	<input type="checkbox"/> 1 – This is my 1 st practice <input type="checkbox"/> 2 – This is my 2 nd practice	

Company Information:	
Company Name:	
Address:	
Phone:	Web:
Fax:	e-mail:
Number of engineers employed by the company: <input type="checkbox"/> 1-10 <input type="checkbox"/> 10 - 30 <input type="checkbox"/> More than 30	
Major professional activities of the company: <input type="checkbox"/> Production <input type="checkbox"/> Marketing <input type="checkbox"/> Service <input type="checkbox"/> Education <input type="checkbox"/> R&D <input type="checkbox"/> Other _____	

Information on industrial practice assignment:		
Department name		
Type of projects the student will be working on:		
Tentative starting date:	Tentative ending date:	Total practice days:

Type of equipment that will be used during industrial practice:			
Computers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type	Type		
Operating system	Model		
Languages	Other:		
Other:			

We hereby authorize the student whose name given above to perform his/her industrial practice work in our company.		
Name & Title	Signature	Date