



# INTERNSHIP FORM FOR THE FACULTY OF

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Internship Coordination Office of the Department

To the Attention of Deanery of the Faculty of \_\_\_\_\_

The student described below would like to do internship\* in your company.

The request of the student to do internship within your company named ..... for .... days is approved by the department.

\* OBLIGATORY

OPTIONAL

Internship Coordinator of the Department

### STUDENT ID

National No: Student ID No:

Name, Surname: Department and Last Academic Year Completed:

Place - Date of Birth: Telephone No:

Address: E-mail:

<b>INTERNSHIP</b>	Start Date:	End Date	Period (Days)
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Authorized Official of the Faculty, School, Institute, Vocational School

### To Whom It May Concern

The student described below would like to do internship in your company for ... days. If the internship request of the student is approved by your company, please signature the section attached. Thank you.

Authorized Official of the Faculty, School, Institute, Vocational School

Employer or Human Resources Officer

### INFORMATION OF THE COMPANY

Title:

Address:

### INFORMATION ON THE EMPLOYER

Name - Surname:

Position:

Telephone No 1:

Telephone No 2:

E-mail:

The internship request of the student named \_\_\_\_\_ is accepted.

Stamp - Signature - Date

APPROVAL OF THE FACULTY - SCHOOL - INSTITUTE-  
VOCATIONAL SCHOOL

THE OFFICE OF CAREER DEVELOPMENT AND ALUMNI  
COMMUNICATION

STAMP - SIGNATURE - DATE

STAMP - SIGNATURE - DATE

Student

I declare that the information on the document is correct and I undertake to pay the legal fine to be incurred due to insurance transactions in cases such as misrepresentation or interruption or noncompletion.

I kindly request the preparation of the internship documents.

Date - Signature of Student:

\* It is obligatory to present the document to the **student affairs office** of the related Faculty - School- Institute- Vocational School with the copy of the ID card at least 30 days prior to start date of the internship.