

T.R. YEDITEPE UNIVERSITY
TO THE DEAN'S OFFICE OF THE FACULTY
OF VOCATIONAL SCHOOL (Meslek Yükseokul Müdürlüğü)

Name of Institution	
Receiving Department of Institution	
Name and Surname of Those Responsible for Internships	
Assignment of the Student	
Tel.	
E-Mail	
Name and Surname of Student	
Tel.	
E-Mail	
Start and End Dates of Internship	

Stamp
Authorized Signature