



**FENERBAHÇE UNIVERSITY  
FACULTY OF ENGINEERING**

... / ... / 202

To the related Office,

Our student named.....from the  
..... department,  
numbered..... is obliged to do compulsory internship for .....(....) work  
days. For their compulsory internship, they would like to intern at your .....  
organization/institution. The information about the student who will be interning is given below.

If the student's internship application is deemed appropriate, I kindly and respectfully request for the  
Internship Application Form to be filled in.

Name Surname	
Student ID	
Residence Address	
Phone Number	
Internship Type	
Internship Duration	
Internship Start Date	

Head of the Department

Name

Surname:

Signature: