

**FENERBAHÇE UNIVERSITY
FACULTY OF ENGINEERING
APPX-3 INTERNSHIP APPLICATION ACCEPTANCE FORM**

PHOTOGRAPH

The student studying at our faculty, whose identification information is given below, would like to do their internship at your institution/organization. The "Work Accident and Occupational Disease Insurance" which must be made during the internship period of our student, will be covered by our university according to the Law No. 5510.

Name Surname:

Department:

Year:

Student ID:

T.R. Identity Number:

SGK Number:

Bağ-Kur Number:

Pension Fund Number:

Address:

GSM:

Name of Institution:

Internship Type:

Duration (work-day):.....**days**

Internship Start Date:

Internship End Date:

Internship Code and Name:

Internship Weekly Working Days:

INSTITUTION INFORMATION

Name of Institution:

Address:

Sector:

Telephone No:

Message Address:

Website:

INFORMATION OF THE PERSONNEL IN CHARGE OF INTERNSHIP IN THE INSTITUTION

Name Surname:

Position and Title:

Message Address :

Telephone No:

Graduated University...../ Bachelor Degree:/ Year of Graduation.....

INSTITUTION APPROVAL

It is appropriate for the student whose name and information are written above to do.....(.....) working days internship in our institution.

Name Surname:

Position and Title:

E-mail address:

Telephone No:

Date:

Signature:

Institution Stamp:

TO THE HEAD OF DEPARTMENT

I would like to do my internship between the above-mentioned dates which covers workdays. If I quit my internship due to an excuse before the end of the workdays, I will inform the Program Directorate within 2 (two) workdays at the latest, otherwise I accept the penal obligations that will arise in accordance with the Social Insurance and General Health Insurance Law No. 5510.

I kindly request your information.

Signature:

Student's Name Surname:

INTERNSHIP COMMISSION APPROVAL

Signature:

Signature:

Signature:

Chairperson:

Chairperson:

Chairperson:

TO THE HUMAN RESOURCES DIRECTORATE

It has been deemed appropriate for the program student whose identification and education information is presented above to intern at institution for the number of workdays indicated.

I kindly request your information.

.....
**Head of the Department
Signature**