



FBU
FENERBAHÇE UNIVERSITY

DECLARATION AND UNDERTAKING

I am a student of Our University's Faculty
..... Department

with Student ID of

I want to work as a Part-Time Student / Intern Student in the unit / workplace in accordance with Article 5/b of the Law No. 5510.

From my family, **I receive health services within the scope of general health insurance through my mother / father.** For this reason, **I do not agree** to be covered by general health insurance during my part-time work or internship.

From my family, **I do not receive health services within the scope of general health insurance through my mother / father.** For this reason, **I do agree** to be covered by general health insurance during my part-time work or internship.

I accept the accuracy of my declaration and that I will notify the change immediately in case of a change in my situation, and I undertake that I will pay the premium, administrative fine, delay fee and delay interest arising from the incorrect or incomplete statement of my statement.

Name & Surname :

T.R. Identity Number :

Part :

Student ID :

History :

Signature :