|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The student receiving education at our faculty, whose identification information is written below, would like to intern 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: Student ID: | | | | | | *PHOTOGRAPH* |
| Department: Class: | | | | | |
| T.R. Identity Number: | | | | | |
| SGK Number: Bağ-Kur Number : Pension Fund Number: | | | | | |
| Address: GSM: | | | | | |
| INTS 301 Internship I- Office INTS 401 Internship II- Site Duration (Working Days):**30 days** | | | | | | |
| Internship Start Date: Internship End Date: | | | | | | |
| Internship Weekly Working Days: Summer School Application: Yes No | | | | | | |
| **INSTUTITION INFORMATION** | | | | | | |
| OFFICE | Name of Institution:  Address:  Telephone No: | | SITE  ŞANTİYE | Name of Institution:  Site Name and Address:  Telephone No: | | |
| **INFORMATION OF THE PERSONNEL IN CHARGE OF INTERNSHIP IN THE INSTITUTION**  Name and 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 thirty (30) working days internship in our institution.  Name Surname:  Position and Title: Date: … / … / …  E-mail address: **Signature:**  TelephoneNo: **Institution Stamp:** | | | | | | |
| **TO THE HEAD OF INTERIOR ARCHITECTURE AND ENVIRONMENTAL DESIGN DEPARTMENT**  I would like to do my ………… internship between the above-mentioned dates which covers **30** workdays. If I quit my internship due to an excuse before the end of the **30** 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.  **Student’s Name Surname: Signature:** | | | | | | |
| **INTERNSHIP COMMISION APPROVAL** | | | | | | |
| Signature:  Chairperson: | | Signature:  Member: | | | Signature:  Member: | |
| **TO THE HUMAN RESOURCES DIRECTORATE,**  It has been deemed appropriate for the **Interior Architecture and Environmental Design** 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:** | | | | | | |