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| 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: | SITEŞANTİYE | 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:** |