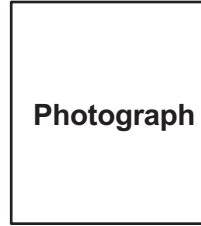




INTERNSHIP NOTEBOOK



Student Information

Student Number	
Name-Surname	
Section (1st Programme for Double Major Programme students)	
Last Semester of Enrolment (1/2/3/4/5/6/7/8)	
Mobile Phone	
Message Address	
Official Internship Start Date	
Official End Date of Internship	
Total number of internship days worked (excluding Saturdays, Sundays and holidays)	

Internship Business Information

Trade Name	
Address	
Telephone Number	
Fax Number	
Web Address	
Signature of the Internship Place Official and Business Stamp	

Internship Commission Review

	Name-Surname	Signature	History
President			
Member			
Member			



HISTORY		WORKING DAY	
NAME/DEFINITION OF THE WORK DONE			

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Name, Surname/Title of the Internship Place Official	Signature and Stamp