APPX.2



 FENERBAHÇE UNIVERSITY

 FACULTY OF ENGINEERING

... / … / 202

To the related Office,

Our student named……………………………….……………………………………..……………from the ………………………………………………………………………………….….…….…….… department, numbered………………………………. is obliged to do compulsory internship for ……..………(….) work days. For their compulsory internship, they would like to intern at your organization/institution. The information about the student who will be interning is given below.

If the student's internship application is deemed appropriate, I kindly and respectfully request for the Internship Application Form to be filled in.

|  |  |
| --- | --- |
| Name Surname |  |
| Student ID |  |
| Residence Address |  |
| Phone Number |  |
| Internship Type |  |
| Internship Duration |  |
| Internship Start Date |  |

 Head of the Department

Name

Surname:

Signature: