|  |  |  |  |
| --- | --- | --- | --- |
| **FENERBAHÇE UNIVERSITY**  **FACULTY OF ENGINEERING**  **APPX-3 INTERNSHIP APPLICATION ACCEPTANCE FORM** | | | **PHOTOGRAPH** |
| The student studying at our faculty, whose identification information is given below, would like to do their internship 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: | | | |
| Department: | | | |
| Year: | | | |
| Student ID: | | | |
| T.R. Identity Number: | | | |
| SGK Number: Bağ-Kur Number: Pension Fund Number: | | | |
| Address: | | | |
| GSM: | | | |
| Name of Instutition: Internship Type: Duration (work-day):……**days** | | | |
| Internship Start Date: Internship End Date: | | | |
| Intership Code and Name: Internship Weekly Working Days: | | | |
| **INSTUTITION INFORMATION**  Name of Institution:  Address:  Sector: Message Address:  Telephone No: Website: | | | |
| **INFORMATION OF THE PERSONNEL IN CHARGE OF INTERNSHIP IN THE INSTITUTION**  Name 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.................(.....) working days internship in our institution.  Name Surname:  Position and Title:  E-mail address: **Signature:**  TelephoneNo: **Institution Stamp:**  Date: | | | |
| **TO THE HEAD OF ………………………………………………………………… DEPARTMENT**  I would like to do my …………… internship between the above-mentioned dates which covers ….. workdays. If I quit my internship due to an excuse before the end of the ….. 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. **Signature:**  **Student’s Name Surname:** | | | |
| **INTERNSHIP COMMISION APPROVAL** | | | |
| Signature:  Chairperson: | Signature:  Chairperson: | Signature:  Chairperson: | |
| **TO THE HUMAN RESOURCES DIRECTORATE**  It has been deemed appropriate for the ……………………………………… 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** | | | |