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| **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** |