

**UNIVERSITY OF FENERBAHCE
 VOCATIONAL SCHOOL OF HEALTH SERVICES
 ANNEX-4
 INTERNSHIP WORKPLACE
 REPLACEMENT FORM**

..... **TO THE PROGRAM DIRECTORATE**

..... Program ID number
 student. I would like to change my internship place in the “Internship Application and Acceptance Form”, which I submitted to the School Secretariat when I started my internship, due to the reason / reasons stated below. I respectfully submit the necessary information to your information.

Name-Surname-Signature
/...../.....

RATIONALE:.....

(THIS SECTION WILL BE FILLED BY THE VOCATIONAL SCHOOL)

Change of internship place is APPROPRIATE [] / NOT APPROPRIATE [] .

Program Chair

...../...../.....

APPROVAL
 MANAGER
/.../...

NOTE: In order to start your internship at the new internship site, you must fill out and submit the “Internship Application and Acceptance Form (ANNEX-2)” again.