FENERBAHÇE UNIVERSITY FACULTY OF ENGINEERING AND ARCHITECTURE DEPARTMENT OF INTERIOR ARCHITECTURE AND ENVIRONMENTAL DESIGN APPX-3 INTERNSHIP APPLICATION ACCEPTANCE FORM				PICTURE	
The student receiving education at our faculty, whose identification information is written below, would like to intern 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					
Name Surname:			Student I	D:	
Department: T.R. Identity Number:			Class:		
SGK Number:	Bağ-Kur Number:	Pensic	n Fund Nu	ımber	
Address:			GSM:		
INTS 301 Internship I- Office	INTS 401 Int	ernship II- Site 🗌	Duration	n (Working Days): 30 days	
Internship Start Date:		Internship End Date:			
Internship Weekly Working Days: Summer School Application: Yes No					
INSTUTITION INFORMATION					
Name of Institution:		Name of Institution:			
Address:		$\stackrel{\square}{=}$ Site Name and Address:			
DFF		SI			
Telephone No: Telephone No:					
INFORMATION OF THE PERSONNEL IN CHARGE OF INTERNSHIP IN THE INSTITUTION					
Name and Surname: Position and Title:					
Message Address: Telephone No:					
Graduated University:/ Year of Graduation:/ Year of Graduation:/					
INSTITUTION APPROVAL It is appropriate for the student whose name and information are written above to do thirty (30) working days internship in our institution.					
Name Surname:					
Position and Title: E-mail address:		Signature:			
Telephone No:	Institution Stamp:				
Date:					
TO THE HEAD OF INTERIOR ARCHITECTURE AND ENVIRONMENTAL DESIGN DEPARTMENT					
I would like to do my internship between the above-mentioned dates which covers 30 workdays. If I quit my internship due to an excuse before the end of the 30 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.					
Student's Name Surname:					
Signature: INTERNSHIP COMMISION APPROVAL					
Signature:	Signature:	Sid	gnature:		
•	-				
Chairperson:	Member:	M	ember:		
TO THE HUMAN RESOURCES DIRECTORATE It has been deemed appropriate for the Interior Architecture and Environmental Design 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					