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İSTANBUL KÜLTÜR UNIVERSITY

FACULTY / VOCATIONAL SCHOOL OF (TECHNICAL SCIENCES OR BUSINESS ADMINISTRATION) ……………………

HEAD OF…………………… DEPARTMENT/PROGRAM

The student named ……………………………… with number …………………, who is studying at your university, was eligible for the internship at our company / institution for …… days between ……/……/…… and ……/……/…….

Respectfully submitted.

Best Regards,

Signature and Stamp

Company / Institution Official

Name and Surname

Title