**  
COMPULSORY INTERNSHIP FORM**

**To whom it may concern,**

It is compulsory for students of ………………………………………………………… Department / Program to complete a period of internship in corporations and organizations by the end of the academic period. We would like to thank for your interest in our student with the information below to complete his/her internship for …… workdays in your corporation.  
 In case that End our students are accepted for an internship in your corporation and the internship dates are informed to the student at least 20 days before the starting date, the University will prepare a Social Insurance Institution Employment Declaration of the Insured Person according to the Law on Social Insurance and General Health Insurance number 5510 and pay “Occupational Accidents and Occupational Illnesses Insurance Premium” for the student who performs the compulsory internship.

Academic Advisor Name-Surname Signature

Kindly submitted for your information.

**Note: Its compulsory to fill in all fields.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name-Surname** |  | | | | **Student No** |  |
| **Faculty /Vocational School Name** | |  | | | **Tel No** |  |
| **Department name** |  | | **Academic Year** |  | **E-mail** |  |
| **Residence Address** | **Quarter** | |  | |  |  |
| **Avenue** | |  | | **Building No** |  |
| **Street** | |  | | **Flat No** |  |
| **District-Town** | |  | | **City** |  |

**CORPORATION OF INTERNSHIP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name/Title** |  | | | | |
| **Address** |  | | | | |
| **Production/Service Area** |  | | | | |
| **Tel No** |  | | **Fax No** |  | |
| **Email** |  | | **Web Page** |  | |
| **Start of internship** |  | **End Date of Internship** |  | **Period (Work day)** |  |

**EMPLOYER OR AUTHORITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name-Surname** |  | | |
| **Position and Title** |  | **Signature/Seal** |  |
| **E-mail** |  |
| **Date** |  |

**BIRTH REGISTRATION INFORMATION OF STUDENT (To be filled in by the student if an internship application is accepted.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **ID Serial No** |  | | **Volume No** |  |
| **Name** |  | **Registered province** | |  | | |
| **Father’s Name** |  | **District** |  | | **Family serial no** |  |
| **Mother’s name** |  | **Village** |  | | **Serial No** |  |
| **Place of Birth** |  | | **Issuing registry office** | |  |  |
| **Date of Birth** |  | **Reason of issue** |  | | **Date of issue** |  |
| **T.R. ID No** |  | | **SSI No** | |  | |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF STUDENT** | **DEPARTMENT/PROGRAM APPROVAL** | **DEPARTMENT OF FINANCIAL AFFAIRS** |
| I hereby certify that the information given in this document is correct and kindly ask for the preparation of internship documents related to the above mentioned corporation where I will complete my internship period.  Date: | Date: | Date: |

**IMPORTANT NOTE:** This document must be prepared in **3 original copies (not photocopies)** and submitted to the Registar’s Office **at least 20 days before** the starting date of Compulsory Internship accompanied by a photocopy of identity card and 2 photos.