##### Picture

**INTERNSHIP APPLICATION FORM**

**Department** :

**Student ID** :

**Name-Surname** :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information of the Internship Corporation** | | | | |
| Name of the Corporation  Address of the Corporation  Name-Surname of the Corporation Authoritative | | :  :  : | | |
| Tel | : | | Web address | : |
| Fax | : | | E-mail address | : |
| Basic Study Areas of the Corporation: | | | | |

|  |  |  |
| --- | --- | --- |
| **Information of the Internship Study** | | |
| Definition of the Internship Study: | | |
| Date of the Start: | Date of the End: | Duration (working day): |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **The student with his/her information written above is suitable for making the internship study in our corporation.**  **Corporation Authoritative :** | | |
| Title of the Authoritative, Name-Surname, Signature | Stamp | Date |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF THE STUDENT** | **INTERNSHIP COMMISSION CONFIRMATION** | **CONFIRMATION OF THE HUMAN RESOURCES DIRECTORATE** |
| I approve the information in this document and supply the required internship documents related with the corporation that will be worked with for internship  Date: | Date: | Start of the internship process is done by the Social Security Institution.  Date: |

**IMPORTANT NOTE:** This document must be delivered to the person who is responsible for the internship process with 2 original copy (not copy), 2 picture and the copy of the personel identity card between the stated dates.