

APP.-2. Internship Application and Acceptance Form

T.C. ESKİŞEHİR TEKNİK ÜNİVERSİTESİ MİMARLIK VE TASARIM FAKÜLTESİ

AND ACCEPTANCE FORM

Issue: /.../.....
Subject: Internship Application

To Whom It May Concern,

Students of the Faculty of Engineering are required to complete an internship at institutions/organizations pertaining to their education. As per the sub-paragraph (a) of the second paragraph of article 13 of the aforementioned Law, in the event that an occupational accident occurs, the authorized law enforcers as well as our faculty have to be notified.
If our student, whose information and record(s) are given below, is accepted as an intern in your company for days, please fill in and confirm the required fields of this form below and send it back to our faculty.

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ID INFORMATION OF THE STUDENT		
Name-Surname	
Name of the Department	
ID Number	
Class/Semester	/.....
Address	
Phone Number		Phone: Mobile:
E-mail Address	@eskisehir Teknik.edu.tr
Registered in Social Security System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INTERNSHIP INFORMATION		
Name of the Internship Place	
Internship Organization Address	
Internship Organization's Field of Operation	
Authorized Person	
Phone Number /E-mail		Phone: E-mail:
Web Address of Internship Place	
I hereby declare and guarantee that the information and record(s) submitted as indicated above are correct and I will carry out days internship programme and in case I fail to start or have to withdraw from the internship programme or have made any changes to my internship, I will submit the "Internship Site Change/Cancellation Form" to the Office for Student Affairs of the Faculty at least 3 days in advance; otherwise I will compensate for the pecuniary damages which may arise due to the unpaid Social Security premiums. Name and Surname of Student: Student's Signature :		
IT IS APPROPRIATE/NOT APPROPRIATE to have daily compulsory internship of the student in our <u>institution/organization</u> whose ID information is above.	Institution/Organization or Authorized Person Name-Surname : Signature : Date :/...../..... Seal/Stamp :	
STUDENT'S;		
INTERNSHIP TYPE APPLIED TO:		
INTERNSHIP START DATE :/...../.....	INTERNSHIP DURATION: days	
INTERNSHIP COMPLETION DATE :/...../.....		
Head of Programme Internship Commission Name-Surname :	Signature :	

ATTENTION: The student must deliver this form during the indicated period in the Internship Manual of the Department before start of internship to the **Internship Commission of the Department**. This form must be prepared in **two original copies** (one copy for the Institute/Organization, one copy for the Departmental Internship Commission.).