

**APP-7. Internship Cancellation Form**

**T.R.**

**ESKİŞEHİR TEKNİK UNIVERSITY  
FACULTY OF ARCHITECTURE AND DESIGN  
INTERNSHIP SITE CHANGE/CANCELLATION FORM**

**FACULTY OF ARCHITECTURE AND DESIGN (Office for Student Affairs)**

Your Faculty ..... programme student whose ID Information is ..... has quit his/her ..... day obligatory internship on the date of ..... due to the excuse stated above. Kindly submitted for your necessary action to initiate the Social Security termination procedures as of ....../..../20....

.../.../20... .....

(Date/Signature/Stamp)

...../.....

Title and Name-Surname of the Institution/

Organization Authorized Person for Internship