

PRACTICE/INTERN/INTERNSHIP FORM

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To	Whom	It	Mav	Concern,
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In the event that you accept the practice/internship/internship of our student, who is subject to compulsory application/internship/internship, at your institution, the beginning, termination and notification obligation of the insurance will be made by our Institution pursuant to the "Social Insurance and General Health Insurance Law" No. 5510.

РНОТО

We would like to thank you for your interest in making the application/intern/internship of our student, whose information is given below, in your organization for work days, and wish you success in your studies.

BEZMİALEM FOUNDATION UNIVERSITY RECTORATE

STUDENT'S						
Name and Surname						
Student Number						
Academic Year						
Course Code-Name						
Phone Number						
E-mail Address						
Address						
T.C. Identification Number						
SGK No (if any)						
Informs that the information on the document is correct, that I undertake to apply/intern/internship I respectfully request the preparation of the documents related to the aforementioned company/institution.						
PLACE OF INTERNSHIP AND	EMPLOYER / AUTH	ORITY				
Name of Internship Place						
Address						
Phone Number						
E-mail Address						
Employer /Authorized						
Name Surname						
Duty and Title						
Phone Number						
E-mail Address		T		<u> </u>		
Starting Date		End Date		Duration (working days)		

DEPARTMENT SECRETARY / PROGRAM INTERNSHIP COORDINATOR	EMPLOYER OR AUTHORITY	FACULTY / SCHOOL SECRETARY APPROVAL	HUMAN RESOURCES DIRECTORATE
			Internship entry to the Social Security Institution has been done.
Name and surname:	Name and surname:	Name and surname:	Name and surname:
Date:	Date:	Date:	Date:
Signature:	Signature:	Signature:	Signature: