**……………………………. FACULTY/VOCATIONAL SCHOOL …………..………….………** **DEPARTMENT**

|  |  |  |
| --- | --- | --- |
| **STUDENT’S** |  |  |
| **Name and Surname** | **:** |  |
| **Student Number** | **:** |  |
| **Turkish Identity Number** | **:** | Photo |
| **Phone (Mobile/Home)** | **:** |  |
| **E-mail** | **:** |  |
| **INTERNSHIP’S** |  |  |
| **Type** | **:** |  |
| **Duration (Workdays)** | **:** |  |
| **Internship Start and End Date** | **:** | . ......./…..../…..... - .….../….../.......... |
| **I hereby declare and undertake following responsibilities that:**  – I will do my **….……….** workdays internship between the dates mentioned above,  – I will inform the relevant education (university) unit at least (10) days in advance if the start and end dates of my internship change or if I give up my internship; I accept the penal liabilities that will arise in accordance with Law No. 5510 otherwise,  – I will notify and inform the relevant education (university) unit and submit the original documents of medical report, sick report, rest report, etc. to it **no later than 2 workdays** from the date the document is issued during the internship period.  **…………. health care** from my family, myself, my mother / father within the scope of general health insurance**;**  **I do get I do not get**  **I am working under (Social Security Institution) SSI (4a/4b/4c). For this reason, I do not accept to be covered by SSI during the practical training.**  ……/……/ ……  Student's Signature  **It is mandatory for the student of our department, whose ID is given above, to do an internship for the specified number of workdays. During the internship period, our student's work accident and occupational disease insurance will be provided by our university.**  (Signature) (Approval)  Internship Commission Member Dean's Office/Directorate | | |
|  | | |
| **WORKPLACE’S** | | |
| **Title** | **:** |  |
| **Address** | **:** |  |
| **Tel Number** | **:** |  |
| **Fax Number** | **:** |  |
| **Registration Number** | **:** |  |
| **Tax Number** | **:** |  |
| **Chamber of Commerce / Tradesmen Registration Number** | **:** |  |
| **E-mail address** | **:** |  |
| **Field of Activity (Sector)** | **:** |  |
| It has been deemed appropriate for the student whose name, surname and TR ID Number written above to do an internship at our workplace on the dates specified above.  EMPLOYER or OFFICIAL  Name and surname  (Title) Seal and Signature | | |
|  | | |
| **APPROVED**  .….. / ….. / …….  **Head of Department Internship Commission**  Title/Name Surname | | |

**Note:** Internship Acceptance Forms will be prepared as (2) different forms and (1) photocopy of the identity card will be attached. The student cannot start the internship if the Internship Acceptance Form is not prepared.