

 TED UNIVERSITY	INTERNSHIP APPROVAL FORM			
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To Whom It May Concern,

Our students are required to attend a summer practice program in an establishment or an institution during their study according to the regulations of our university.

Insurance of the trainees against work accidents and occupational diseases are to be covered by our university during the training program. In order that we can complete the related social security procedures, you are kindly requested to fill in and sign off on the form below. We would like to thank you for the opportunity you have provided our below-mentioned student with. Please submit this form back to the trainee.

STUDENT INFORMATION				
Name-Surname		Rep. of Turkey ID No.		
Faculty		Dept./Program		
Phone No (GSM)		e-Mail		
Internship Code	Summer Practice I <input type="checkbox"/>	Summer Practice II <input type="checkbox"/>		
RELEVANT INFORMATION OF THE INSTITUTION OF INTERNSHIP				
Starting Date of the Internship		Ending Date of the Internship		Duration (Workdays) ¹
Name of the Company		Related unit		
Company Address				
Field of Business				
Phone No.				
e-Mail		Website		
EMPLOYER/AUTHORIZED PERSONNEL INFORMATION				
Name Surname				
Position/Title			Internship of the Trainee has been accepted.	
e-Mail				
Trainee will be paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Date/Name-Surname/Stamp/Signature
STUDENT	TRAINEE COORDINATOR		CAREER CENTER	
Date/Name-Surname/Signature	Date/Name-Surname/Signature		Date/Name-Surname/Signature	

¹ Minimum period of the mandatory practice program is 20 consecutive days for the Faculty of Economics & Administrative Sciences and the Faculty of Engineering; 30 days for the Faculty of Architecture.

UNCLASSIFIED

** Unclassified documents are to be classified as "Confidential" when filled in.*