T.C.

KARADENIZ TECHNICAL UNIVERSITY • OF FACULTY OF TECHNOLOGY

DEPARTMENT OF ELECTRONICS AND COMMUNICATION ENGINEERING

WORKPLACE TRAINING ELIGIBILITY LETTER OF UNDERTAKING

Pursuant to Article 8/2 and Article 12/13 of the Workplace Training Directive

1. STUDENT INFORMATION

Name and Surname		**Student No**	
T.R. Identity No		**Semester**	
Phone		**E-mail**	

2. ELIGIBILITY DECLARATION

I declare that I meet the conditions listed in Article 8/2 of the Workplace Training Directive. Mark every item.

- ☐ My CGPA is at least 1.80. My declared CGPA:
- ☐ In the semester in which I will do workplace training, I will have no failed course requiring attendance.
- ☐ I have completed at least 30 working days of my compulsory summer internship, or will complete the rest before training begins / my internship interview is pending. Approved internship days:
- ☐ I will register for the semester in which I will do workplace training and will select the Workplace Training course.
- ☐ I am within my maximum study period.
- ☐ At the workplace where I will do workplace training, there is at least one engineer related to my department.

3. DOCUMENTS SUBMITTED AS ATTACHMENTS

- ☐ Transcript (barcoded/with verification code)

An internship status document is not required; the compulsory summer internship condition is checked by the Department Workplace Training Committee against the records of the Department Internship Committee.

4. UNDERTAKING

I accept and declare that the information I have declared above and the documents I have submitted as attachments are current and accurate, and that I meet all of the conditions listed in Article 8/2 of the Workplace Training Directive.

I undertake that, if it is later found that my declaration is untrue or that I do not meet any of the conditions, my workplace training will be **considered invalid under Article 12/13 of the Directive, that action may be taken against me under the Higher Education** Institutions Student Discipline Regulation, and that I know and accept these consequences in advance.

Date

Student's Name Surname and Signature

TO BE COMPLETED BY THE DEPARTMENT WORKPLACE TRAINING COMMITTEE

- ☐ Documents are complete and consistent with the declaration
- ☐ Deficiency/inconsistency has been identified
- ☐ Application has been accepted
- ☐ Application has not been processed

Explanation

Date

Committee Member (Name Surname/Signature)

Unofficial English translation. In case of any discrepancy, the Turkish original prevails.