INTERNSHIP APPLICATION FORM

TO THE RELEVANT AUTHORITY

A student of the **Department of Electronics and Communication Engineering, Of Technology Faculty of** our university ..... has requested to do an internship in your institution / workplace for a period of days.

Within the scope of the Social Insurance and General Health Insurance Law No. 5510, the occupational accident and occupational disease insurance premium and general health insurance premium to be paid during the internship will be covered by our University, and w e would like to thank you for your interest in the internship of our student, whose identity information is given below, in your organization / workplace.

Student Information

Name and Surname		Student Number	
T.C. Identity Number		Section	
Nationality		Education Year	
Father Name		Email Address	
Place of Birth		Telephone Number	
Date of Birth		Residence Address	

Place of Internship

Name.			
Address			
Service Area			
Telephone Number		Fax Number	
Email Address		WEB Address	

Internship

Start Date		End Date		Duration (Days)	

Authorized Information of the Place of Internship

Name and Surname			
Address			
Email Address		Stamp-Signature-Date	
Telephone Number			

Student's Signature	**Internship Commission Approval**
I certify that the information on the date of the document is correct and that if I give up the internship for any reason or if the start and end dates of the internship change, at least I will notify 5 (five) working days in advance, and I request the preparation of the internship documents related to the named workplace where I have committed to do my internship. Student's Name and Surname/Signature	Head of Internship Committee Name and Surname/Title/Signature
Annex: 1- SSI Provision Document - 2: Valid OHS Certificate - 3: Photocopy of Identity Card	

Note: The internship application m u s t b e made at least 30 days before the internship start date with this document and its attachments via the BYS internship application system.