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| bandırma onyedi eylül üniversitesi logo ile ilgili görsel sonucu**REPUBLIC OF TURKEY**  **BANDIRMA ONYEDI EYLÜL UNIVERSITY**  **FACULTY OF ENGINEERING AND NATURAL SCIENCES**  **COMPULSORY INTERNSHIP ACCEPTANCE FORM**  Ref No: …/…/20…  Subject: Compulsory Internship | |
| **TO WHOM IT MAY CONCERN** | |
| **STUDENT INFORMATION** | |
| **Full Name** |  |
| **Department** |  |
| **Student Number** |  |
| **National ID Number** |  |
| **Permanent Address** |  |
| **Phone Number** |  |
| **Internship Title and Duration** | First Internship:  Second Internship  / 20 Working Days |
| 1. I hereby declare that I will complete my internship within the specified dates below,  2. I undertake not to make any changes to my internship start date,  3. In case I terminate my internship for any reason after officially starting, I will notify my faculty via fax (to the number provided below) within 3 (three) days and also inform by phone. Otherwise, I accept any legal liabilities arising under Law No. 5510 on Social Security and General Health Insurance.  **Student’s Full Name & Signature** | |

To Whom It May Concern

Our faculty requires students to complete a compulsory internship of 20 working days in enterprises and organizations before graduation. In accordance with Law No. 5510 on Social Security and General Health Insurance, our institution is responsible for the commencement, termination, and notification of the insurance of students undertaking compulsory internships. We kindly request your permission for the above-mentioned student to carry out their internship at your institution. On behalf of Bandırma Onyedi Eylül University, Faculty of Engineering and Natural Sciences, we appreciate your support and wish you success in your endeavors.

**Department Internship Committee**

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| **EMPLOYER SECTION:**  The above-mentioned student is deemed eligible to complete First Internship: / Second Internship: at our institution.  **Internship Start Date : …/…/20…**  **Internship End Date : …/…/20…**  **Internship Duration (Working Days) : 20 Working Days**  **Saturdays: : Included (…) Not Included (…)**  **Internship Stipend Provided :** Yes:  / No:  If Yes, Amount:  **INTERNSHIP LOCATION DETAILS;**   |  |  | | --- | --- | | Institution/Company Name |  | | Institution/Company Address |  | | Field of Production/Service |  | | Phone & Fax Number |  | | Tax Registration Number |  |   **Authorized Person’s Name:**  **Title :**  **Stamp & Signature : …/…/20…** |

1. The student must have this Internship Acceptance Form signed by the employer and submit it to the Faculty Accounting Office in person or via email at least 5 (five) days before the internship start date.

2. The details provided in this form will be used as the basis for the student’s insurance procedures.

3. A separate Internship Acceptance Form must be completed for each internship.4. Students must schedule their internship periods according to the department’s designated internship dates.