#### Resim

##### Picture

**Genetics and Bioengineering Department**

**INTERNSHIP APPLICATION FORM**

**Student Number** : …………………………

**Name-Surname:** ……………………………………..………

|  |  |
| --- | --- |
| **Information on the Institution/Company/Organization for Internship:** | |
| Name and Address: | |
| Phone: | Web: |
| Fax: | E-mail: |
| Main Fields of Institution/Company/Organization: | |

|  |  |  |
| --- | --- | --- |
| **Information on Internship Work** | | |
| Department name of the internship: | | |
| Description of the work of the internship: | | |
| Internship start date: | Internship end date: | Total days (working days) |
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| **It has been appropriate for the student whose identity has been given above to do an internship in our institution/company/organization.**  **Company Official:**  Title, Name-Surname, Signature Date: |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF THE STUDENT** | **INTERNSHIP COMMISSION APPROVAL** | **APPROVAL OF S.K.S.D.D.** |
| I declare that the information on the document is correct, I respectfully submit to the preparation of the internship documents related to the company that I have promised to do internship.  Date: | Date: | Internship entry to the Social Security Institution has been done.  Date: |

**IMPORTANT NOTE: The form must be prepared in 2 original copies (not photocopied) and submitted to the internship supervisor in the relevant department between the dates specified, together with 2 photocopies of the photo and identity card.**

**Tarih/***Date.../...../......*