



**ISTANBUL OKAN UNIVERSITY
FACULTY OF HEALTH SCIENCES
INTERNSHIP APPLICATION FORM**



Faculty of Health Sciences, Department of Physical Therapy and Rehabilitation of our university,-grade students, (student number),(student name), It is suitable to do bussiness-day internship. During the internship, our university will provide occupational accident and disease insurance for our student. We kindly request your approval for our student to perform an internship at your institution from the dates specified as/.../..... to/.../.....

**Physiotherapy and Rehabilitation
Department Chair
Associate Professor Emine ATICI**

STUDENT INFORMATION

Student's Name and Surname	
Department / Class	
Student ID Number	
National ID Number	
Address	
Mobile Phone Number	
Home Phone	
E-mail	

INSTITUTION/COMPANY INFORMATION

Name of the Institution where the Internship will be conducted	
Address of the Institution	
Name and Surname of the Contact Person at the Institution	
Phone Number	
E-mail of the Contact Person at the Institution	

INSTITUTIONAL APPROVAL

Name and Surname of the Approving Personnel	
Title/Position	
Date	
Signature and Stamp/Seal	

REASONS FOR DENIAL OF INTERNSHIP APPLICATION

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.....Department Approval

Name and Surname	
Phone Number	
E-mail	
Approval	Acceptance <input type="checkbox"/> Denial <input type="checkbox"/>
Date	
Signature	