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| **Açıklama: C:\Users\umut.azak\Dropbox\KARAKUTU\LOGO\Okan-logo.png** | **FACULTY OF BUSINESS AND ADMINISTRATIVE SCIENCES****COMPULSORY INTERNSHIP PROGRAMME****INTERNSHIP APPLICATION FORM** |

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| --- |
| **STUDENT** |
| Name  |  |
| Department/Year/Student number  |  |
| Address |  |
| Cell phone  |  |
| Home phone  |  |
| E-Mail  |   |
| **INSTITUTION**  |
| Company/Institution |  |
| Address  |  |
| Name of the Responsible Staff  |  |
| Phone  |  |
| Facsimile |  |
| E-Mail  |  |
| Dates of Internship  | ….... / ….... / …. -  ….... / ….... / ….. |

|  |
| --- |
| Departmental Internship Coordinator  |
| Name  |   |
| Phone:  |  0216 6771630 #  |
| E-mail:  |   @okan.edu.tr |
| Confirmation  |   □ YES □ NO  |
| Date  |   |
| Signature |   |
| In case of rejection, reasons:  |