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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: | |