XX.XX.2017

XXXX A.Ş.

Istanbul

Dear XXX XXX,

Thank you for the support you provided to the Compulsory Internship Program at Okan University. It is a great opportunity for our student, XXX XXX, (student number), to experience the working environment at your institution. We would like assure you that the university is responsible for the social security payments for the student.

We would kindly ask you to fill and sign the attached Institutional Evaluation Form at the end of the internship period and hand it in to our student. Please seal and sign the back flap of the envelope.

Yours sincerely,

XXX XXX

Internship Coordinator

Department of XXX

Attachments:

* Compulsory Internship Application Form
* Institutional Evaluation Form