**T.C.**

**DOĞUŞ UNIVERSITY**

**……….. Faculty / Directorate**

**INTERNSHIP APPLICATION AND ACCEPTANCE FORM**

This part will be filled by **the student who will do the internship**.

|  |  |
| --- | --- |
| Intern student’s, | Internship I (……) / Internship II ( ……) / Internship III (……) / Internship IV (……) |
| Name-Surname: | Student ID Number: |
| Department: | Address and Phone Number: |
| T.R. Identity Number: |

This part will be filled by **the company where the internship will be held**.

|  |  |
| --- | --- |
| Internship Company’s | The request of the student, whose information was given above, to do an internship at our institution was approved. The related student will be able to do internship at our institution on the dates specified below. We submit this requisition to your information.  (Date, Stamp and Signature) |
| Name: |
| Address: |
| Activity Area: |
| Telephone: |
| Fax:  E-mail: |
| Official’s / Trainer’s:  Name-Surname: |
| Duty / Position: |
| Internship Start Date of the Student: | Internship End Date of the Student: |
| Are fees paid? | Yes (……) / No (……) |
| If paid, Amount Payable (TL) | Number of Employees in the Business: |

This part will be filled by **the Applied Trainings Subcommittee**.

|  |  |
| --- | --- |
| The Date of Receipt of the Form: | Decision / Signature: |
| Note / Explanation: | |

**Important Note:** Please send this completed form to the Applied Trainings Subcommittee by mail or hand over it **by the date announced in the relevant period**.