



**T.R.**  
**ANADOLU UNIVERSITY**  
**FACULTY OF ENGINEERING**  
**INTERNSHIP APPLICATION AND ACCEPTANCE FORM**

Issue: /... /.....  
Subject: Internship Application

**To Whom It May Concern,**

Students of the ..... Faculty of Engineering are required to complete an internship at institutions/organizations pertaining to their education. As per the sub-paragraph (a) of the second paragraph of article 13 of the aforementioned Law, in the event that an occupational accident occurs, the authorized law enforcers as well as our faculty have to be notified.

If our student, whose information and record(s) are given below, is accepted as an intern in your company for ..... days, please fill in and confirm the required fields of this form below and send it back to our faculty.

Dean

ID INFORMATION OF THE STUDENT	
Name-Surname	.....
Name of the Department	.....
ID Number	.....
Class/Semester	...../.....
Address	.....
Phone Number	Phone: ..... Mobile: .....
E-mail Address	.....@anadolu.edu.tr
Registered in Social Security System	Yes <input type="checkbox"/> No <input type="checkbox"/>
INTERNSHIP INFORMATION	
Name of the Internship Place	.....
Internship Organization Address	.....
Internship Organization's Field of Operation	.....
Authorized Person	.....
Phone Number /E-mail	Phone: ..... E-mail: .....
Web Address of Internship Place	.....
I hereby declare and guarantee that the information and record(s) submitted as indicated above are correct and I will carry out ..... days internship programme and in case I fail to start or have to withdraw from the internship programme or have made any changes to my internship, I will submit the "Internship Site Change/Cancellation Form" to the Office for Student Affairs of the Faculty at least 3 days in advance; otherwise I will compensate for the pecuniary damages which may arise due to the unpaid Social Security premiums.	
Name and Surname of Student: ...../...../.....	
Student's Signature : .....	
<b>IT IS APPROPRIATE/NOT APPROPRIATE to</b> have daily compulsory internship of the student in our <u>institution/organization</u> whose ID information is above.	<b>Institution/Organization or Authorized Person</b> Name-Surname : ..... Signature : ..... Date : ...../...../..... Seal/Stamp : .....
STUDENT'S;	
INTERNSHIP TYPE APPLIED TO:.....	
INTERNSHIP START DATE : ...../...../.....	
INTERNSHIP COMPLETION DATE : ...../...../.....	
<b>Head of Programme Internship Commission</b>	
Name-Surname : .....	Signature : .....

**ATTENTION:** The student must deliver this form during the indicated period in the Internship Manual of the Department before start of internship to the **Internship Commission of the Department**. This form must be prepared in **two original copies** (one copy for the Institute/Organization, one copy for the Departmental Internship Commission.).