

INTERNSHIP SITE CHANGE/CANCELLATION FORM

FACULTY OF ENGINEERING Office for Student Affairs

Your Faculty programme student whose ID Information is
has quit his/her day obligatory internship on the date of due to
the excuse stated above. Kindly submitted for your necessary action to initiate the Social
Security termination procedures as of/..../20....

.../.../20...

(Date/Signature/Stamp)

...../
Title and Name–Surname of the Institution/
Organization Authorized Person for Internship