

Issue: /.../.....

**ESKİŞEHİR TECHNICAL UNIVERSITY  
FACULTY OF ENGINEERING  
INTERNSHIP APPLICATION AND ACCEPTANCE FORM**

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.

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| ID INFORMATION OF THE STUDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Name-Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | .....                                                    |
| Name of the Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   | .....                                                    |
| ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   | .....                                                    |
| Class/Semester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                   | ...../.....                                              |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                   | .....<br>.....                                           |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | Phone: ..... Mobile: .....                               |
| E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                   | .....@.....                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                   | .....                                                    |
| <p>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 “<i>Internship Site Change/Cancellation Form</i>” 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.</p> <p style="text-align: right;">Name and Surname of Student: ...../...../.....<br/>Student's Signature : .....</p> |                                                                                                                                                                                                   |                                                          |
| <p><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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b><u>Institution/Organization or Authorized Person</u></b><br/><b>Name-Surname :</b> .....<br/><b>Signature :</b> .....<br/><b>Date :</b> ...../...../.....<br/><b>Seal/Stamp :</b> .....</p> |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>STUDENT'S;</b></p>                                                                                                                                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>INTERNSHIP TYPE APPLIED TO:</b>.....</p>                                                                                                                                                    |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>INTERNSHIP START DATE</b> : ...../...../.....</p>                                                                                                                                           |                                                          |
| <p><b>INTERNSHIP COMPLETION DATE :</b> ...../...../.....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                          |
| <p><b><u>Head of Programme Internship Commission</u></b></p> <p><b>Name-Surname :</b> ..... <b>Signature :</b> .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                   |                                                          |

**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 **3 original copies** (one copy for the Institute/Organization, one copy for the Departmental Internship Commission.).

Eskişehir Teknik Üniversitesi Mühendislik Fakültesi ESKİŞEHİR