



**MANDATORY/OPTIONAL/
PROFESSIONAL PRACTICE COURSE/FINAL PROJECT-WIDE
INTERNSHIP INFORMATION FORM**

.... /.... Academic Year

TO WHOM IT MAY CONCERN

.....Faculty/School..... Department/Program until the end of the period of establishment and operation of students in internship/application/project are imperative.

Our faculty/Continuing education mandatory/optional/professional practice course/final project within the scope of the internship is subjected to students; insured beginnings, termination and obligation of notification about 5510 Social Insurance And General Health Insurance Law will be made by our Organization.

Below is the information your organization needs to be done in our student internship to show thank you for attention, we wish you success in your work.

**Department/Program Internship Specialist
Name & Surname:**

Signature:

Date:

STUDENT INFORMATION

Name Surname		Student Number	
Identity Number		Faculty/ Program	
Department/ Program		Class	
Mobile Number		e-mail address	
Residency Address		Internship/ Application Type	<input type="checkbox"/> Optional internship business day <input type="checkbox"/> Mandatory Internship...business day <input type="checkbox"/> For final project, ...business day <input type="checkbox"/> Professional practice lesson... business day

STATEMENT OF THE INSTITUTION TO DO AN INTERNSHIP

The above student's can help your organization .. /.. /2015 - .. /.. /2015 the work day is suitable to do an internship.

The Name of The Institution		Residency Address	
Production/ Service Area		Telephone/ Fax Number	
Employer or Company representative Name-Surname		Employer or Company Representative's Title	
Responsible Person from the training Name-Surname		Responsible Person's Title	
Authorized e-mail address		Cachet	.. /.. / 2015 Signature/

STUDENT DECLARATION

I declare that my social security situation is like below (please tick this portion of the manual):

1) My mom, my dad, or my wife/husband's been taking over health benefit.
 Health aid received from the person's name and surname:.....
 Health benefit to be taken TR ID number:.....

2) I have my own health assistance in SGK.

3) I pay the general health insurance premiums.

4) Do not have any social security, I don't receive health aid.

NOTE: Health insurance-related changes would undertake to notify within 3 days.

The document declares that the information is correct,
 I do an internship between the specified dates in the case of a
 change in the residency to inform in advance the responsible
 commitment that I respect, I submit to you.

.. / .. / 2015
 Signature

UNIT APPROVAL**THE APPROVAL OF THE PRINCIPAL COURSES**

The student above
 .. / .. / 2015 - .. / .. / 2015
 It is suitable to do an
 internship between the
 dates.

Student Internship
 Specialist

Name and Surname

Signature

.. / .. / 2015

FACULTY/VOCATIONAL SCHOOL SECRETARYSHIP

Internship form what I got
 delivered to the HR Manager.

The Relevant
 Faculty/Vocational School
 Secretary
 Name and Surname

Signature

.. / .. / 2015

HUMAN RESOURCES DIRECTORATE SGK APPROVAL

The students's SGK has
 been made between the
 dates of his/her training.

HR Responsible

Name and Surname

Signature

.. / .. / 2015

STUDENT

I got the the relevant
 form and SGK
 declaration form
 hand-delivered.

Student

Name and Surname

Signature

.. / .. / 2015

Remarks:

1. This internship form; must be delivered complete before embarking on a principal earlier than at least 3 weeks internship starting date.
2. The most recent is not delivered to the Directorate of human resources forms, the student shall be invalid if that can't be done, the SSI internship.
3. At least 7 working days prior to the date of the start of the internship in the human resource Department held an internship the Declaration of input SGK drying take hand-delivered to deliver.
4. An example of this form will be delivered against a signature to the student, one for human resources department will be in possession of. About the internship by the Directorate of human resources also form instance, principal and will be delivered to the Directorate of Student Affairs.
5. Student internship is after the start of the internship, permission will not be able to make changes related to training without receiving an acknowledgment.
6. Student who complete the internship at the latest at the beginning of the first semester course registration during internship delivers to the relevant unit file. Late delivered, signature, stamp, seal and is not considered a non-internship dates of files.
7. To be made before the period of the student's graduation internship nature will prevent potential fees, and academic problems.

*SGK (Social Security Insurance)