



**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 Academician
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 .. /.. /201. - .. /.. /201. the work day is suitable to do an internship.

The Name of The Company		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		Number of personnel working at the institution	
Company's tax number		Company's SGK number	
IBAN number		Company Cachet .. / .. / 201. Signature/	
The students, who will be doing internship within the scope of the vocational education law no. 3308 dated 05.06.1986, also the student whom has mentioned above <input type="checkbox"/> will get payment <input type="checkbox"/> won't get payment			

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.

.. / .. / 201.
 Signature

UNIT APPROVAL

THE APPROVAL OF THE PRINCIPAL COURSES	FACULTY/VOCATIONAL SCHOOL SECRETARYSHIP	HUMAN RESOURCES DIRECTORATE SGK APPROVAL	STUDENT
The student above .. / .. /20.. - .. / .. /20.. It is suitable to do an internship between the dates.	Internship form what I got delivered to the HR Manager.	The students's SGK has been made between the dates of his/her training.	I got the the relevant form and SGK declaration form hand-delivered.
Student Internship Academician	The Relevant Faculty/Vocational School Secretary	HR Responsible	Student
Name and Surname	Name and Surname	Name and Surname	Name and Surname
Signature	Signature	Signature	Signature
.. / .. / 201.	.. / .. / 201.	.. / .. / 201.	.. / .. / 201.

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 Resources 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)