|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT IDENTIFICATION INFORMATION** | | | | | | | |
| NAME / SURNAME | |  | | | | | |
| NAME OF THE DEPARTMENT REGISTERED | |  | | | | | |
| TURKISH IDENTITY NUMBER | |  | | | | | |
| MOBILE NUMBER | |  | | | | | |
| STUDENT NUMBER-CLASS | |  | | |  | | |
| \*\* MAXIMUM DURATION OF THE STUDENT | | HAS TIME | |  | NO TIME | |  |
| E-MAIL ADDREES | | @ | | | | | |
| SSI REGISTRATION (Health Service Covered by General Health Insurance from myself, my family, my mother / father) | | I'M BUYING | |  | I DO NOT BUY | |  |
| **INFORMATION ON THE WORKPLACE OF INTERNSHIP** | | | | | | | |
| WORKPLACE NAME | |  | | | | | |
| WORKPLACE ADDRESS | |  | | | | | |
| WORKPLACE IBAN NUMBER | |  | | | | | |
| WORKPLACE TAX IDENTIFICATION NUMBER | |  | | | | | |
| WORKPLACE TELEHONE / WEB ADDRESS | |  | | | | | |
| WORKPLACE NUMBER OF EMPLOYEES | |  | | | | | |
| SATURDAY FULL DAY WORK | | THERE IS | |  | NONE | |  |
| I verify the accuracy of the information I have stated above, between the dates specified below   …….  I will do my daily internship. If the start and end dates of my internship change or if I start or give up my internship, I will inform the Student Affairs Unit at least 3 days before. Otherwise, I will cover the damage that may arise due to SSI premium payments. I declare and undertake that I will not share the information with third parties and that I will take all kinds of responsibility if I do share it. Date: …../…../………..  Student's Name and Surname :……………………………………  Student’s Signature :…………………………………… | | | | | | | |
| It has been deemed  **Suitable ( )/ Not Suitable ( )** for the student with the above-mentioned credentials to do her/his ……….-day mandatory internship at our workplace. | | Workplace Authorized or Representative  Name/ Surname :.………...……………………  Signature : ………...……………….....  Date : ….../..…../……….…  Seal / Stamp : | | | | | |
| **YOUR STUDENT** | | | | | | | |
| INTERNSHIP APPLICED TÜRÜ |  | | | | | | |
| INTERNSHIP START DATE | ……/……/ ………. | | Number of Work Days per week:......... | | | Internship Period:... days | |
| INTERNSHIP FINISH DATE | ……/ …../ ………. | |
| DAYS TO BE PAID BY MONTH DURING THE INTERNSHIP (How Many Days To Internship In Which Month) | | |  | | | | |
| **Head of Department Internship Committee**  **Name and Surname :…………………………………… Signature : ……………………………………** | | | | | | | |
| **IMPORTANT NOTE**  \*\* The student must apply to the Dean of the Faculty "Student Affairs Unit" with the Internship Application Acceptance Form and have the relevant department approved in order to check whether the maximum period has expired or not. During the internship application process, all paragraphs of the 13th Article of the Dokuz Eylul University Faculty of Engineering Applied Training Directive must be taken into account. The student is required to submit the Internship Application and Acceptance Form to the Departmental Internship Committee. This form should be prepared in 3 original copies. (One of the copies will remain at the workplace, and the other will be delivered to the Departmental Internship Committee by the student.)  Following the end of the internship, the payment document (payroll/bank receipt) is made to the student by the relevant workplace; the relevant company stamp; the signature of the authorized company employee; information about the purpose of the payment; and related documents attached to the Internship Application Acceptance Form are submitted to the Student Affairs Office of our Faculty. It must be submitted by our students. •According to our Faculty Applied Education Regulations, students are obliged to do internships at relevant institutions/organizations. The SSI premium that must be paid for the student during the internship will be covered by our institution. | | | | | | | |