



COMPULSORY INTERNSHIP FORM

TO WHOM IT MAY CONCERN

Our student..... with student number..... intends to do their internship at/in your institution on the specified dates.

The SSI premium requirements will be covered during the internship period by our University.

Your necessary permissions are kindly requested.

Student's Signature

Advisor's Approval(Name-Surname and Signature)

Dean's Approval (Stamp-Signature)

I declare the accuracy of all information given in the relevant internship application form.

Date:/...../.....

Date:/...../.....

Date:/...../.....