



**T.R.
İSTANBUL MEDİPOL UNIVERSITY
SCHOOL OF PHARMACY**

**T.R.
İSTANBUL MEDİPOL UNIVERSITY
SCHOOL OF PHARMACY
INTERNSHIP LOGBOOK**

SCHOOL NUMBER

NAME-SURNAME

İSTANBUL-20 . .

INTERNSHIP I

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

INTERNSHIP II

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

INTERNSHIP III

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

I declare that the information I have given above is correct in accordance with my internship forms in my internship logbook.

Date:/...../.....
Student's Name-Surname
Signature

INTERNSHIP IV

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

INTERNSHIP V

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

INTERNSHIP VI

Internship institution name	
Phone number	
Address	
Institution Official	
Start date of internship	
Finish date of internship	
Internship duration (It will be written according to the days on which the internship could not be continued due to essential situations.)	

I declare that the information I have given above is correct in accordance with my internship forms in my internship logbook.

Date:/...../.....
Student' Name-Surname
Signature