T.C.
İSTANBUL MEDİPOL ÜNİVERSİTESİ
Güzel Sanatlar Tasarım ve Mimarlık Fakültesi Dekanlığı

INTERNSHIP LIABILITY

Hereby declare that I will complete my internship, which is a part of my academic curriculum at İstanbul Medipol University, in my home country, outside the borders of the Republic of Türkiye. I fully acknowledge and accept that: I am personally responsible for complying with all occupational health and safety regulations and requirements applicable at the internship site (whether office or construction site). I will take all necessary precautions for my own safety and will act in accordance with the legal and institutional rules of the workplace where I carry out my internship. Any injury, accident, loss, or damage that may occur during the internship period is under my sole responsibility. I confirm that I have read, understood, and voluntarily accepted the conditions set out in this document.

Name & Surname : .....

Student ID Number : .....

Department : .....

Date:

Signature: