



**APPENDIX 1**  
ISTANBUL MEDIPOL UNIVERSITY  
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES  
**INTERNSHIP APPLICATION FORM**

DATE:

**STUDENT DETAILS**

|   |   |   |            |   |  |
|---|---|---|------------|---|--|
| NAME and SURNAME  | : |   | STUDENT ID | : |  |
| IDENTIFICATION NUMBER/PASSPORT NUMBER   |   | : |            |   |  |
| RESIDENTIAL ADDRESS   |   | : |            |   |  |
| E-MAIL ADDRESS  |   | : |            |   |  |
| PHONE   |   | : |            |   |  |
| NATIONALITY   |   | : |            |   |  |
| RESIDENCE PERMIT NUMBER   |   | : |            |   |  |
| <b>(This area should be filled by Foreign Students who will do the Internship in Turkey.)</b>   |   |   |            |   |  |
| SPECIAL STUDENT SITUATION <b>(Please mark the appropriate box.)</b>   |   |   |            |   |  |
| <input type="checkbox"/> Double Major <input type="checkbox"/> Minor <input type="checkbox"/> Erasmus <input type="checkbox"/> No Special Situation |   |   |            |   |  |

**INTERNSHIP INSTITUTION DETAILS**

|  |            |             |                                 |   |   |
|--|------------|-------------|---------------------------------|---|---|
| NAME OF INTERNSHIP INSTITUTION   |            | :           |                                 |   |   |
| PERMANENT ADDRESS  |            | :           |                                 |   |   |
| EMAIL  | :          | PHONE / FAX | :                               | : | : |
| INTERNSHIP   | START DATE | :           | NUMBER OF DAYS TO BE INTERNSHIP | : |   |
|  | END DATE   | :           |                                 |   |   |
| CONTENT AND SCOPE OF THE INTERNSHIP STUDENT'S DUTY IN THE INTERNSHIP INSTITUTION |            | :           |                                 |   |   |
| <b>(Briefly describe the work you will do your internship.)</b>                  |            |             |                                 |   |   |

**CONTACT AT INTERNSHIP INSTITUTION**

|                  |                     |
|------------------|---------------------|
| NAME and SURNAME | SIGNATURE and STAMP |
|------------------|---------------------|

**ACADEMIC STAFF APPROVING THE INTERNSHIP INSTITUTION**

|                  |           |
|------------------|-----------|
| NAME and SURNAME | SIGNATURE |
|------------------|-----------|