Organization/Company Name: …………………………………………………….

Photo

Students of Architecture Department, Faculty of Architecture are required to complete their compulsory internships until the end of their education period. The student, whose internship information contained below, will do ……… work days compulsory internship between the dates (…../.…./……… - …../..…/……..) in your organization/company. The student is provided by “work accidents and occupational disease insurance” within the scope of Social Insurance and Universal Health Insurance Law No.5510 during the period of compulsory internship. We thank for the interest shown and wish you success in your business.

Internship Commission

**Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | | |
| Student ID |  | Academic Year |  |
| E-mail |  | Phone |  |
| Address |  | | |

**Organization/Company\***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Field |  | | |
| Phone |  | Fax |  |
| E-mail |  | Web |  |
| Internship Start Date | …. ./.…. /……… | End Date | ….. /.…. /……… |

**Employer or Authorized Personal of the Organization/Company\***

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | | |
| Job Title |  | Signature / Stamp |  |
| E-mail |  |
| Date |  |

**Student Registration Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | City of Registration |  |
| Name |  | County |  |
| Fathers Name |  | District - Village |  |
| Mothers Name |  | Volume Number |  |
| Place of Birth |  | Family Number |  |
| Date of Birth |  | Order Number |  |
| National ID |  | Place of Issue |  |
| ID Card Serial Number |  | Issued for |  |
| Social Security Number |  | Date of issue |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENTS SIGNATURE** | **INTERNSHIP COMMISSION APPROVAL** | **FACULTY COORDINATOR APPROVAL** | **INSTITUTIONAL APPROVAL** |
| I declare that I'm committed to do an internship with the organization/company mentioned above and I request the preparation of my internship documents.  Date: | Date: | Date: | Turkish Social Security Institution Internship Initiation processes are finished.  Date: |

**NOTE**: 2 original copies of this form (no photocopy allowed) and 2 copies of identification card must be delivered to department secretary.

\* Must be filled by the organization/company.