



ISTANBUL GELISIM UNIVERSITY
VOLUNTARY SUMMER INTERNSHIP FORM

No: 47476978.773.02.....

Attach a photo
(optional)

Our students are obliged to do internship / professional practice in institutions and organizations until the end of their education period. Our student wishes to engage his/her internship at your institution, and student's insurance Premium obligation during the internship / Professional practice is the responsibility of our institution.

Director / Vice-Director.
(Name, Surname, Signature)

STUDENT INFORMATION

Name-Surname	
Department	
Student No - Course	
Phone Number / E-mail	
Address	
<i>* Within the scope of PDPL (Personal Data Protection Law) your data is under the protection of Istanbul Gelisim University. I have given consent to the university to save my personal data; during my internship whatever data in the Internship Contract and Internship Form to be passed to the institution where my internship is to be undertaken.</i>	
Signature:	
Date:	

INSTITUTION INFORMATION WHERE INTERNSHIP IS TO BE UNDERTAKEN

Name			
Address			
Production/Service Field	Phone No		
E-mail	Fax No.		
Web address			
*Internship Start Date	*Internship End Date		
Weekly work days	Total work days		
Is there any other insurance from another institution? Yes <input type="checkbox"/> No <input type="checkbox"/>			

* Determine your internship dates without including official holidays and religious holidays. If there is a mistake in the dates, even if the signatures are completed, you still need to refill out and sign the form again.

* Where necessary student must possess an APRON card. If so, they must apply for his card 15 working days before the commencement of the internship.

EMPLOYER INFORMATION OR THE AUTHORISED PERSON'S INFORMATION

Name-surname	Do you work on Saturday?	Yes	No
Duty and Title	Signature and Seal		
E-mail			
Date			

STUDENT'S SIGNATURE	APPROVAL BY THE HEAD OF DEPARTMENT	APPROVAL BY STUDENT AFFAIRS DEPARTMENT
I, hereby, declare that the information on this document is correct. This part must be signed by student. Date:	Title, Name and Surname Date:	The student's social security is activated. Date:

NOTE: THIS FORM MUST BE FILLED ONLINE; AND 3 PRINTOUTS WILL BE REQUIRED TO BE SIGNED AS ORIGINAL DOCUMENTATIONS. THEREAFTER THESE DOCUMENTS MUST BE APPROVED BY THE STUDENT AFFAIRS NO LATER THAN 15 DAYS BEFORE THE COMMENCEMENT DAY OF THE INTERNSHIP. OTHERWISE, INTERNSHIP ENTRIES CAN NOT BE MADE.

While calculating the number of internship working days public holidays should not be included in the internship working days.

The stamp and/or seal of the company must be accompanied by the signature of the authorized person.