T.R.

ISTANBUL GELİŞİM UNIVERSITY VOLUNTARY SUMMER INTERNSHIP FORM

**Number: 47476978.773.02**

Our students are obliged to do internship in institutions and organizations until the end of their education period. Our student, whose information is given below, would like to do his/her internship in your institution. **Although we are not obliged to pay insurance premiums for our students during their voluntary internships in Turkey, our institution will pay insurance premiums during the voluntary internship. However, our institution is not obliged to pay insurance premiums for students who will do voluntary internships abroad. These students are required to have private insurance.** We would like to thank you for your interest and wish you success in your professional life.

**STUDENT INFORMATION**

# Dean / Director / Vice-Dean/ Vice-Director Name – Surname

**……………………………………………….**

# Stamp - Signature

|  |  |
| --- | --- |
| Name-Surname |  |
| Faculty/Vocational School |  |
| Department |  |
| Class/Student Number |  |
| Phone Number |  |

**INSTITUTION INFORMATION WHERE INTERNSHIP IS TO BE UNDERTAKEN**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Production/Service Area |  | **Phone****Number** |  |
| **\* Start date of the internship** |  | **\*End date of the****internship** |  |
| Weekly Working Days |  | Total Working Days |  |
| Is there any other insurance in another institution? Yes ☐ No ☐ |

\* Do not include public and religious holidays when determining the internship dates. If the dates are incorrect, even if the signatures are complete, you must fill out the form again and have it signed.

# EMPLOYER INFORMATION OR THE AUTHORISED PERSON’S INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname |  | **Is Saturday a work day?** | **Yes** ☐ **No** ☐ |
| Job and Title |  | **Signature and Seal** |  |
| E-mail address |  |
| Date |  |

|  |
| --- |
| ***\**** Within the scope of PDPL (Personal Data Protection Law), your data is under the protection of Istanbul Gelişim University. I give permission and consent to the storage of my personal data, which I gave to the university during the internship, by the university, and to the transfer of my personal data in the Workplace Internship Agreement and the Internship Form to the employer with whom I did internship. |
| **SIGNATURE OF THE STUDENT** | **APPROVAL OF THE HEAD****OF DEPARTMENT** | **APPROVAL OF THE STUDENT****AFFAIRS DEPARTMENT** |
| I hereby declare that the information on the document is correct and respectfully request that the Internship documents related to the aforementioned company, where I have committed to do my Internship, be approved. | Title, Name Signature/Stamp | and | Surname | The student’s social security is activated |
| Signature:Date | Signature: Date: |  |  | Signature:Date: |

NOTE: THIS FORM MUST BE FILLED OUT ONLINE. AFTER COMPLETING THE REQUIRED SIGNATURES, INTERNSHIP PROCESSES MUST BE STARTED AT LEAST 15 DAYS BEFORE INTERNSHIP START DATE.