T.R.

ISTANBUL GELİŞİM UNIVERSITY COMPULSORY 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. **Our institution is responsible for the insurance premium payment of our students during their internship**. **However, our institution is not responsible for paying insurance premiums for students who will do their 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.Signature:Date: | Title, Name and SurnameSignature:Date: | The student’s social security is activatedSignature: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.