INTERNSHIP PLACE NOTIFICATION FORM

TO THE DIRECTORATE OF VOCATIONAL SCHOOL
ANKARA MEDIPOL UNIVERSITY

I would like to conduct my internship between ..../..../..... - ..../..../..... at the institution specified below. I respectfully request that the necessary procedures be carried out.

Date: ...../...../.....

Signature

STUDENT INFORMATION
Full Name :
Class / Student ID :

HOST INSTITUTION / WORKPLACE INFORMATION
Title / Company Name :
Address :

Phone :
E-mail :

This form must be submitted to the Vocational School Secretariat within the announced internship application period.