REPUBLIC OF TÜRKİYE
ANKARA MEDIPOL UNIVERSITY
DIRECTORATE OF THE VOCATIONAL SCHOOL

...../...../20....

Subject : Compulsory Internship / Official Letter

To Whom It May Concern,

....., student ID number ..... of the ..... Program, is required to complete ( ) working days of internship. The occupational accident and occupational disease insurance premium for the student during the internship dates will be covered and paid by our University. If it is deemed appropriate for the student to conduct aninternship at your institution, we respectfully request that the attached Internship Place Acceptance Form be filled out and returned to our address.

Sincerely,
Asst. Prof. Hayriye AKTAŞ·DİNÇER
Director of Vocational School

Enclosure: Internship Acceptance Form