INTERNSHIP PLACE ACCEPTANCE FORM

ANKARA MEDIPOL UNIVERSITY
DIRECTORATE OF THE VOCATIONAL SCHOOL

We hereby accept that ....., student ID number ....., of the Ankara Medipol University Vocational School ..... Program, will work as an intern at our institution between ..../..../..... - ..../..../.....

Authorized Representative of the Company / Institution:
Full Name / Title / Position:

Date / Signature and Official Stamp:

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