MEDİPOL UNV-ANKARA
ANKARA MEDİPOL ÜNİVERSİTESİ

REPUBLIC OF TÜRKİYE
ANKARA MEDIPOL UNIVERSITY
VOCATIONAL SCHOOL
COMPULSORY INTERNSHIP FORM

Photo & Dept. Approval (May be digital)

Dear Company / Institution Official,

We would like to express our gratitude for your interest in allowing the Vocational School student of the ..... Program, whose identification details are given below, to complete their 20 working days compulsory internship at your establishment, and we wish you continued success. Pursuant to Law No. 5510, the Occupational Accident and Occupational Disease Insurance for our student during the internship period will be covered and paid by our University.

**Internships must be conducted in accordance with internship learning outcomes.*

Full Name		TR Identity No	
Student ID		Academic Year	
E-mail Address		Phone Number	
Residential Address	Neighborhood: Avenue: Street: No: City/Province: District:		
Emergency Contact Person Details	Full Name:		Phone No:

HOST INSTITUTION / WORKPLACE INFORMATION

Company / Inst. Name				
Address				
Production / Service Field				
Phone Number			Fax Number	
E-mail Address			Website	
Internship Dates	Start Date	End Date	Duration (Days)	

STUDENT'S SIGNATURE	**DEPARTMENT INTERNSHIP APPROVAL**
I hereby declare that the information provided is correct, and I respectfully request the preparation of the relevant internship documents for the specified company where I undertake to conduct my internship. Date: ...../...../.....	APPROVING OFFICIAL FULL NAME / SIGNATURE Stamp / Signature Date: ...../...../.....