INTERNSHIP PLACE NOTIFICATION FORM (FORM-1)

TR
ANKARA MEDIPOL UNIVERSITY
TO THE DEAN'S OFFICE OF THE FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE

… / … / …… - … / … /…… between the dates, I would like to do my internship at the institution stated below. I respectfully request that the necessary actions be taken.

Date: … / … / ……

Signature

STUDENT'S
First Name Surname :
Class :
ID number :

INTERNSHIP PLACE'S
Title :
Address :

Telephone :
Email :

History of the Institution:
Management, Organization and Number of People Working in Institution:
Fields of Activity of the Institution:
Businesses Affiliated to the Institution:

This form must be submitted to the Secretariat of the Faculty of Fine Arts, Design and Architecture within the announced internship application dates.