OFFICIAL LETTER / INSURANCE (FORM-3)

TR

ANKARA MEDIPOL UNIVERSITY

FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE

… / … / ……

Subject:

To whom it may concern,

From the students of Ankara Medipol University, Faculty of Fine Arts, Design and Architecture, Department of Gastronomy and Culinary Arts …… ID numbered, ……, is obliged to complete an internship for sixty (60) working days. Work accident and occupational disease insurance premiums between the dates of the relevant student's internship will be paid by our University. If it is deemed appropriate for her/him to do an internship in your institution, I kindly request that the attached ***"Internship Place Acceptance Form"*** be filled out and sent to our address.

Kind regards,

Head of Gastronomy and Culinary Arts Department

Additional: Internship Place Acceptance Form (Form-2)