

MUĞLA SITKI KOÇMAN UNIVERSITY
FACULTY OF TOURISM
INTERNSHIP APPLICATION/ACCEPTANCE FORM

Please, paste
a photo taken
within the last
6 months

Dear Sir/Madam;

The students of our faculty are obliged to do internship for 60 working days until the end of the education period. We'd like to thank you in advance for your interest in doing our student's internship in your organization for working days.

STUDENT'S

Name&Surname			
Student Number		Education Year/Term	
E-mail		Phone number	
Permanent Adress			

COMPANY'S

Name		Authorized Person's Name & Surname
Adress		
Phone number		Signature & Stamp
Fax number		
E- mail		
Web Adress		
Starting date of training / /	Training Period (Working day)
Finishing date of training / /	

STUDENT'S APPROVAL

ADVISOR'S APPROVAL

FACULTY APPROVAL

I declare that the information on the document is correct, I respectfully submit the preparation of the training documents for the said company that I have committed to do internship	Application forms are filled in completely and correctly	Internship entry process was made to Social Security Institution
Date:	Date:	Date:
Signature:	Signature:	Signature:

ATTENTION: This document must be submitted to the Advisor along with a photocopy of the ID at least 15 days before the start of the internship.

In the event that I have an occupational accident during the internship, I undertake to notify the Dean of the Faculty of Tourism within 3 (three) days. Otherwise, all responsibility belongs to me.

Student's:

Name & Surname

Signature