**YILDIZ TECHNICAL UNIVERSITY**

Photo

**CHEMISTRY AND METALLURGY FACULTY**

**FOOD ENGINEERING DEPARTMENT**

**COMPULSORY INTERNSHIP FORM**

Organization/Company Name:

Students of ………………. Engineering Department, Faculty of Chemistry And Metallurgy are required to complete their compulsory internships until the end of their education period. The student, whose internship information contained below, will do………… work days compulsory internship between the dates …………../…………… in your organization/company. We thank for the interest shown and wish you success in your business.

**STUDENT**

|  |  |
| --- | --- |
| Name Surname |  |
| Student ID |  | Academic Year: |  |
| e-mail |  | Phone  |  |
| Address |  |

**ORGANIZATION/COMPANY OFFERING INTERNSHIP \***

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Field of Production/Service  |  |
| Phone  |  | Fax |  |
| e-mail |  | Web |  |
| Internship Start Date |  | End Date |  | Duration(days) |  |

**EMPLOYER OR AUTHORIZED PERSONEL OF THE ORGANIZATION/COMPANY \***

|  |  |
| --- | --- |
| Name Surname |  |
| Job Title  |  | Signature / Stamp |  |
| e-mail |  |  |  |
| Date  |  |

**STUDENT REGISTRATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | City of Registration |  |
| Name |  | County |  |
| Fathers Name |  | District - Village |  |
| Mothers Name |  | Volume Number |  |
| Place of Birth |  | Family Number |  |
| Date of Birth  |  | Order Number |  |
| National ID |  | Place of Issue |  |
| ID Card Serial Number |  | Issued for  |  |
| Social Security Number |  | Date of issue |  |

|  |  |  |
| --- | --- | --- |
| **STUDENTS SIGNATURE** | **INTERNSHIP COMMISSION APPROVAL** | **INSTITUTIONAL APPROVAL** |
| I declare that I'm committed to do an internship with the organization/company mentioned above and I request the preparation of my internship documents. Date | Date: | Turkish Social Security Institution Internship Initiation processes are finished..Date: |

\* Must be filled by the organization/company