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The identity information of our student \*, who will perform her/his volunteer internship in your institution is below within the framework of the principles set out in the Üsküdar University Associate, Undergraduate, and Graduate Internship Directives. In the event that its acceptance is deemed appropriate, I kindly request that the form to arranged and delivered to the student.

.....  
Head of Department Internship Committee  
(Title, Name Surname,Signature)

\*Work Accident and Occupational Disease Insurance Premiums will be covered by our university between the dates the student performs the internship. The student does not have an internship at a different institution concurrently with the application made to you.

### STUDENT INFORMATION

TR. Identity Number.		Cell Phone Number	
Name Surname		Home Phone Number	
School Number			
Faculty/Institute/VSHS			
Department/Program			
Class/Study Type			
Is it obliged to take care of the parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Internship / Practice Type and Duration	<input type="checkbox"/> Online <input type="checkbox"/> Internship (..... weekday) <input type="checkbox"/> Face to Face		
Internship / Practice Dates	Start date:	Expiration Date:	
Day/Days for Internship/Practice			

### INSTITUTION INFORMATION FOR INTERNSHIP

Institution Name	
Area of Activity	
Address	
Phone Number	
Authorized Person/Title	

A copy of this approved form will remain with the student and the original form will be delivered to the Career Center Directorate at the latest 10 working days before starting the internship. Do not forget to make a photocopy before submitting your documents.

Approved.

.....  
(Authorized Institution, Signature, Stamp)