**REPUBLIC of TURKEY**

Photo is required.

**ALANYA ALAADDIN KEYKUBAT UNIVERSITY**

**Rafet Kayış Engineering Faculty**

**TO WHOM IT MAY CONCERN**

Our student, whose credentials are written below, are obliged to do a traineeship. Please kindly inform us, if the application of our student to have a traineeship at your institution / business, is found appropriate. Thank you for your cooperation.

Head of the Department Signature

**COMPULSORY TRAINEESHIP (INTERNSHIP) TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name Surname |  | | | |
| Personal Citizen ID |  | | Academic year | 202….../202….. |
| Department |  | | Telephone |  |
| Student ID |  | | E-mail |  |
| **Address of Student:**  (District, Street, Door Numbers must be written clearly.) | |  | | |

**PLACE OF INTERNSHIP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Title |  | | | | |
| Address |  | | | | |
| Production / Service Area |  | | | | |
| Telephone |  | | Fax No |  | |
| E-mail |  | | Website |  | |
| **Internship Start Date** |  | **End Date** |  | **Duration** (day) |  |

**EMPLOYER / AUTHORITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | It is appropriate to do an internship in our institution / business. | Signature / Stamp |
| Job Title |  |
| E-mail |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| I declare that the information on the document is correct and I kindly present the internship document to be prepared.  Date : | Approval of the Department Internship Committee Chair / Member  Date : | Internship entry to the Social Security Institution has been made.  Date : |

* Alanya Alaaddin Keykubat University Rectorate Engineering Faculty Dean's Office is responsible for paying the occupational accident and occupational diseases insurance premiums of the student who applies for internship in accordance with the law numbered 5510.