

ALTINBAŞ UNIVERSITY
SCHOOL OF ENGINEERING AND ARCHITECTURE
INTERNSHIP APPLICATION FORM

STUDENT APPLICATION STATEMENT

Student's Name and Surname	
Student number	
Turkish Identification number	
Undergraduate School/ Study Programme / Current Year of Study	
E-mail address	
Phone	
Address	
Date	
Signature	

HOST ORGANISATION APPROVAL

Name of the Host Organisation	
Address of the Host Organisation	
Field of Business Activity	
Phone number	
Fax Number	
Email address	
Web address	
Internship Start Date	
Internship End Date	
Duration (working days)	
Approved by (Name, Surname and Title)	
Approval date	
Signature and Stamp	

DEPARTMENT APPROVAL

Approved by (Name, Surname and Title)	
Approval date	
Signature	

SOCIAL INSURANCE REGISTRATION and HUMAN RESOURCES APPROVAL

The applicant is covered under his/her parents' social insurance and health coverage plan	Yes () No () Signature ➡
Social Insurance Registration Date	
Approved by (Name, Surname and Title)	
Approval date	
Signature	

This document should be drawn up in 3 original copies and submitted to the Departmental Internship Supervisor, along with a copy of your identity card, at least 10 days before the start of the internship, with all approvals obtained.