



**TURKISH REPUBLIC
HALIÇ UNIVERSITY**

COMPULSORY INTERNSHIP / PROFESSIONAL PRACTICE FORM

To Whom It May Concern,

The students at the department / program of..... at our university are obliged to do an internship/ professional practice at institutions and businesses before the end of their study period as the necessity of our educational programs.

In case the student who is subjected to an internship / professional practice is accepted to your institution, our university will be responsible from starting and notifying his / her insurance in accordance with the law no 5510 " Social Insurances and General Health Insurance Law".

Thanks for your concern in the internship / professional practice of our student, whose information is given below, in your institution for working days and we wish you success.

HEAD OF THE DEPARTMENT / PROGRAM

STUDENT INFORMATION

Turkish ID Number		Academic Year	
First Name		Student ID Number	
Last Name		Place of Birth	
Father's Name		Date of Birth	
Mother's name		E-mail address	
Nationality		Phone Number	
Residence Address			

INSTITUTION WHERE THE INTERNSHIP / PROFESSIONAL PRACTICE IS DONE

Name					
Address					
Production / Service Area		Risk Range			
Phone Number		Fax Number			
E-mail address		Website address			
Starting date of Internship / Professional Practice / / 202...	End date of Internship / Professional Practice / / 202...	Duration of Internship / Professional Practice	

NOTE: Internship/ Professional Practice starting and end date should be written by calculating midterm exams, final exams, official-religious holidays and week

EMPLOYER OR HIS/ HER DEPUTY

First and Last Name		Signature/ Stamp	
Position or Title			
E-mail address			
Date			

STUDENT'S SIGNATURE	APPROVAL OF DEPARTMENT/ PROGRAM	APPROVAL OF FACULTY /VOCATIONAL SCHOOL	APPROVAL
I declare that the information on the document is correct, and I respectfully submit to the preparation of the internship / professional practice documents related to the aforementioned institution / company that I undertake to do internship / professional practice.	Head of Commission of Internship / Professional Practice of Department / Program First Name-Last Name / Title/ Stamp-Signature	Internship / Professional Practice Faculty / Vocational School Coordinator First Name-Last Name / Title/ Stamp-Signature	University Internship / Professional Practice Coordinatorship The entry process to start internship / professional practice has been made to the Social Security Institution.
Date: / / 202...	Date: / / 202...	Date: / / 202...	Date: / / 202...

IMPORTANT NOTE 1: This document is prepared in 3 copies (not photocopy). After the approval of the Internship / Professional Practice place and the approval of the Department / Program, at least 10 days before the start of the internship / professional practice, it must be submitted to the Internship / Professional Practice Coordinatorship with 1 photocopy of ID, 1 photocopy of student ID and 1 passport-sized photo.

IMPORTANT NOTE 2: All 3 documents must be filled in with a blue pen, and all 3 documents must be signed and stamped.