



**ÜSKÜDAR
UNIVERSITY**

INTERNSHIP/PRACTICE LOCATION and ACCEPTANCE FORM

The identity information of our student *, who will perform her/his internship/practice 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 be arranged and delivered to the student.

..... (Title, Name, Surname, Signature (To be signed by your Internship Coordinator) * Insurance Premiums of the Occupational Accidents And Professional Diseases will be covered by our university between the dates the student performs the internship/practice. The student does not have an internship in a different institution concurrently with the application made to you.

STUDENT INFORMATION	
1. TR. IDENTITY NUMBER 99045580820	2. CELL PHONE NUMBER 05388782103
3. Name Mohammad Ahmad	4. Student Number 200209329
5. FACULTY Faculty of Engineering and Natural Sciences	6. DEPARTMENT Software Engineering
7. CLASS second	

INTERNSHIP / PRACTICE TYPE AND DURATION	
PRACTICE IN FALL SEMESTER (COMPULSORY) <input type="checkbox"/>	PRACTICE IN SPRING SEMESTER (COMPULSORY) <input type="checkbox"/>
INTERNSHIP (19 workdays) (COMPULSORY) <input checked="" type="checkbox"/>	VOLUNTARY INTERNSHIP <input type="checkbox"/>

1. INTERNSHIP / PRACTICE DATES	Start Date: __2023-06-30__ End Date: __2023-07-19__
2. DAYS FOR INTERNSHIP / PRACTICE	_____19_____
3. Is she/he dependent on parents?	_____True_____

INSTITUTION INFORMATION FOR INTERNSHIP
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1. INSTITUTION NAME	_____Codyle_____
2. ADDRESS	_____Gültepe Mahallesi.Kathane_____
3. PHONE NUMBER	_____05388782103_____
4. AUTHORIZED PERSON/TITLE	_____Mohammad Soqar_____

A copy of this approved form will remain with the student and the original form will be submitted to the Career Center Directorate at the latest 5 working days before starting the internship. It is the student's responsibility to obtain a copy of the approved form. Approved

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

We declare that all personal data shared in this form will be stored, processed and compiled within the framework of the Law no. 6698 and Üsküdar University Clarification Text. For detailed information, you can visit <https://uskudar.edu.tr/tr/kisisel-verilerin-korunmasi> . ÜÜ.FR.284 Revision No: 0 (02.07.2021)