



FEYZİYE MEKTEPLERİ VAKFI

IŞIK ÜNİVERSİTESİ

Internship Application Form

To whom it may concern,

Students of theDepartment / Program are required to complete a compulsory internship in business firms and organizations before the end of their study period. We would like to thank you for your support to our student whose details are given below during her/his internship at your company for days.

Student Information

ID No:

Name

Surname:

**Student
No:**

Department/Program:

**Internship
No:** First

E-Mail:

**Phone
Number:**

Address:

Internship Company

**Company
Name:** Atez

**Company
Address:** istanbul

Production/Service Area: teknoloji

Company Phone: 533837864081

Fax:

Company E-Mail Address: nilhan.t@hotmail.com

Internship Starting Date: 07/01/2024

Internship Finish Date: 07/28/2024

Working Days: 20

Internship Days Schedule: weekdays

Internship Application Type: ☒ On-site Internship ☐ Online Internship

Company Authorized Person

Name Surname: Ahmet abi

Date:

E-Mail:

Job and Title:

Signature / Stamp:

Student Approval

Student

Date: