



FEYZİYE MEKTEPLERİ VAKFI

**IŞIK ÜNİVERSİTESİ**

# InternshipApplicationForm

To whom it may concern,

Students of the .....Department / 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:**

**E-Mail:**

**Phone**

**Number:**

## Internship Company

**Company** Company D  
**Name:**

**Company** istanbul  
**Address:**

**Production/**teknoloji  
**Service**  
**Area:**

**Company** 533837864081  
**Phone:**

**Fax:**

**Company**

nilhan.t@hotmail.co

**E-Mail**

m

**Address:**

**Internship**

30-06-2024

**Starting**

**Date:**

**Internship**

30-06-2024

**Finish**

**Date:**

**Working**

20

**Days:**

**Internship**

weekdays

**Days**

**Schedule:**

**Internship**

**Application Type:**

☐ **On-site Internship**

☐ **Online Internship**

## Company Authorized Person

**Name**

Ahmet abi

**Date:**

**Surname:**

**E-Mail:**

**Job**

**and**

**Title:**

**Signature / Stamp:**

## Student Approval

**Student**

**Date:**