



FEYZİYE MEKTEPLERİ VAKFI

**IŞIK ÜNİVERSİTESİ**

# Internship Application Form

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:**

**Internship**

**First**

**No:**

**E-Mail:**

**Phone**

**Number:**

**Address:**

## Internship Company

**Company**

**Name:**

Company B

**Company**

**Address:**

süreyyapaşa cad.

karaağaç sok. yunus

mah. no:38

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

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

**Fax:**

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

**Internship** 13-06-2024  
**Starting**  
**Date:**

**Internship** 13-06-2024  
**Finish**  
**Date:**

**Working** 20  
**Days:**

**Internship** weekdays  
**Days**  
**Schedule:**

**Internship Application**  
**Type:**

☒ On-site Internship ☐ Online Internship

## Company Authorized Person

**Name** Ahmet abi  
**Surname:**

**Date:**

**E-Mail:**

**Job and**  
**Title:**

**Signature / Stamp:**

## Student Approval

**Student**

**Date:**