



FEYZİYE MEKTEPLERİ VAKFI

IŞIK ÜNİVERSİTESİ

Employer Information Form

Internship Institution

Name: Company A

Address: istanbul

Production/Service Area: teknoloji

Telephone: 533837864081

Faks:

E-mail address: nilhan.t@hotmail.com

Number of Personnel Working in the Institution:

EMPLOYER OR AUTHORITY

Name Surname: Ahmet abi

Position and Title:

Signature/Stamp:

E-mail address:

Date:

STUDENT INFORMATION

**NAME
SURNAME
OF THE
TRAINEE
STUDENT:**

**STUDENT
NUMBER:**

INTERNSHIP 07/01/2024
**START
DATE:**

INTERNSHIP 07/20/2024
**FINISH
DATE:**

**Will TRAINING
STUDENT BE PAID?:** Evet ☐ Hayır ☐

NOTE: This field will be filled if the intern student will be paid. It is important to fill it out on a computer.

**TITLE OF THE INTERNSHIP
INSTITUTION:**

**INTERNSHIP INSTITUTION
IBAN NO:**

**INTERNSHIP INSTITUTION
ACCOUNT NUMBER:**

**INTERNSHIP INSTITUTION
BANK NAME - BRANCH
CODE:**