



FEYZİYE MEKTEPLERİ VAKFI

IŞIK ÜNİVERSİTESİ

InternshipApplicationForm

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:

E-Mail:

Phone

Number:

Internship Company

**Company
Name:**

Company C

**Company
Address:**

istanbul

**Production/
Service
Area:**

Bilişim

**Company
Phone:**

533837864081

Fax:

Company

nilhan.t@hotmail.com

E-Mail

Address:

Internship

30-06-2024

Starting

Date:

Internship

30-06-2024

Finish

Date:

Working

20

Days:

Internship

weekdays

Days

Schedule:

Internship Application



On-site Internship



Online Internship

Type:

Company Authorized Person

Name

Ahmet abi

Date:

Surname:

E-Mail:

Job and

Title:

Signature / Stamp:

Student Approval

Student

Date: