# İZMİR INSTITUTE OF TECHNOLOGY

Faculty of Engineering Computer Engineering Department

## SUMMER PRACTICE APPLICATION LETTER

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| **NAME – SURNAME** |  |
| **FACULTY** | Faculty of Engineering |
| **DEPARTMENT** | Computer Engineering |
| **CLASS** |  |
| **STUDENT ID** |  |
| **NATIONAL IDENTITY NUMBER** |  |
| **TELEPHONE** |  |
| **EMAIL** |  |

In order to graduate, the student whose information is given above must perform his/her compulsory summer practice included in the undergraduate curriculum of the Computer Engineering Department of İzmir Institute of Technology.

I would like to thank you in advance for your interest in allowing the student to perform summer practice at your institution/company, for **at least 20 workdays** between the dates you think suitable. This summer practice is intended to improve his/her practical knowledge and skills, in addition to the theoretical knowledge that the student has gained during the courses.

**Department Summer Practice Coordinator**

**Dr. Buket Erşahin**

**buketoksuzoglu@iyte.edu.tr**

*Department Secretary* **Tel:** 0090 232 750 7860 – 7882 **Fax:** 0090 232 750 7862

*Department Summer Practice Coordinator* **Tel:** 0090 232 750 7864

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