



İZMİR INSTITUTE OF TECHNOLOGY  
Faculty of Engineering  
Computer Engineering  
Department

**SUMMER PRACTICE APPLICATION LETTER**

<b>NAME – SURNAME</b>	
<b>FACULTY</b>	Faculty of Engineering
<b>DEPARTMENT</b>	Computer Engineering
<b>CLASS</b>	
<b>STUDENT ID</b>	
<b>NATIONAL IDENTITY NUMBER</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	

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](mailto:buketoksuzoglu@iyte.edu.tr)