



DOKUZ EYLUL UNIVERSITY
BUSINESS FACULTY
TOURISM MANAGEMENT DEPARTMENT
INTERNSHIP APPLICATION FORM



STUDENT INFORMATION			
NAME /SURNAME			
STUDENT NUMBER		GRADE:	
DEPARTMENT			
IDENTITY NUMBER			
SECURITY REGISTER NUMBER			
ADDRESS			
TELEPHONE NUMBER			
DO YOU CURRENTLY HAVE SOCIAL SECURITY COVERAGE ?	<input type="checkbox"/> YES (THROUGH FAMILY)	<input type="checkbox"/> YES (PERSONALLY)	<input type="checkbox"/> YES (SOCIAL SUPPORT CARD) <input type="checkbox"/> NO

-I confirm that I will not attend summer school during my internship period, otherwise I accept my internship will not be valid.

-I confirm that I accept all the necessary procedures about social security institution if I quit my internship before the previously stated date on the form.

-I confirm all the information stated in the form above.

Name/Surname of the student:

Date/Signature:

INTERNSHIP BUSINESS/INSTITUTION

TITLE /NAME
ADDRESS
TELEPHONE NUMBER
DEPARTMENT
START AND END DATE OF INTERNSHIP
JOB TITLE
NUMBER OF EMPLOYEES IN THE BUSINESS/INSTITUTION
WILL INTERN BE PAID DURING INTERNSHIP? IF YES, THE AMOUNT TO BE PAID?
Authorized Person:
Date/Signature:
Stamp:
We approve the internship of aforementioned student in our business/institution

Internship Commission approves the internship of the student.

Department Internship Commission Chair	Department Internship Commission Member	Department Internship Commission Member
Date/Signature	Date/Signature	Date/Signature