

# VOLUNTARY INTERNSHIP APPLICATION FORM



## STUDENT INFORMATION AND DECLARATION

FULL NAME			
STUDENT ID NUMBER			
DEPARTMENT		YEAR	
TURKISH ID NUMBER		NATIONALITY	
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
ADRESS			
PHONE NUMBER			
I REQUEST INTERNSHIP INSURANCE COVERAGE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SGK WILL BE COVERED BY THE COMPANY. AS I WILL BE INTERNING ABROAD.

-I hereby declare that I will not attend summer school during the internship period; otherwise, I accept the cancellation of my internship.  
-In the event that I terminate my internship before the specified period, I accept all procedures and responsibilities arising in relation to the Social Security Institution.  
-I confirm the accuracy of the information and declarations provided above.

Student  
Full name:  
Date/Signature:

## INFORMATION OF THE INSTITUTION WHERE THE INTERNSHIP WILL BE COMPLETED

NAME OF THE INSTITUTIONS	
ADRESS	
PHONE NUMBER	
DEPARTMENT FOR INTERNSHIP	
INTERNSHIP START-ENDS DATES	
NATURE OF THE WORK TO BE PERFORMED	

The above-mentioned student will complete an internship at our institution.

Institution Official  
Official Stamp:  
Date / Signature:

## Checked by the Student Affairs Office

Name and Surname of the Reviewing Officer:  
Date / Signature:

## Approved for Internship

Head of Department Internship Commission	Member of Department Internship Commission	Member of Department Internship Commission
Date / Signature	Date / Signature	Date / Signature