



**T.C.
TOROS UNIVERSITY
FACULTY OF ECONOMICS, ADMINISTRATIVE AND SOCIAL SCIENCES
STUDENT INTERNSHIP APPLICATION AND ACCEPTED FORM**

STUDENT
PHOTO.

TO WHOM IT MAY CONCERN

Dear Authorized Person,

..... Department students of our Faculty are obliged to do internship in enterprises until the end of the education period. In accordance with the Social Insurance and General Health Insurance Law No. 5510, the beginning, termination and notification obligation of the insurance of the students who are subjected to compulsory internship in our faculty will be made by our Institution. We would like to thank you for your interest in our student's compulsory internship in your organization and wish you success in your work.

STUDENT'S

Name and Surname			T.C. ID Number	
Student Number			Academic Year of Internship	
e-mail address			Phone No.	
SGK No. (If applicable)		Address		

APPROVAL OF STUDENT CLASS ADVISOR'S

Name and Surname of the Advisor		Internship of the student Acceptable / Unacceptable
Date		
Signature		

COMPANY/ORGANIZATION INFORMATION

Name												
Address												
Production/Service Area												
Phone Number						Fax No.						
e-mail address						Web Address						
Internship Start Date					End Date					Duration (days)		
Internship Days	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	

COMPANY/ORGANIZATION AUTHORITY'S

Name Surname			
Position and Title		Company Stamp (Seal in Official Institutions) Signature	
e-mail address			
Date			

STUDENT'S	DEPARTMENT INTERNSHIP COMMITTEE APPROVAL	SGK ENTRY APPROVAL (Faculty Secretariat)	FACULTY APPROVAL (Dean's Office)
I hereby declare that the information on the document is correct and that I undertake to do my internship at the mentioned company and respectfully request that the internship documents be prepared. Name-Surname Signature: Date:/...../.....	APPROVED BY TITLE, NAME, SURNAME AND SIGNATURE Name-Surname Duty: Signature: Date:/...../.....	The internship entry process for the Social Security Institution has been completed. Name-Surname Duty: Signature: Date:/...../.....	 Name-Surname Duty: Signature: Date:/...../.....

Important Note: 1- Our students who have to do compulsory internship within the scope of our university's associate and undergraduate education regulations must be reported to the Social Security Institution by our University in accordance with the Social Insurance and General Health Insurance Law No. 5510.

2- The student who will do the internship **must fill out this form and have it signed by the relevant people at least 10 days before** the internship start date, and submit it to the Department Secretariat, along with a photocopy of the ID card and a calendar showing the internship start and end dates, for SGK entry.

3- After completing the SGK Insurance entry, a copy of this form and the SGK Insurance Entry Document is delivered to the place where the internship will be performed.

4- The student must submit his/her internship notebook and other documents to the Department Internship Committee on the date determined by the relevant department.