



T.R.
ANADOLU UNIVERSITY
FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES
INTERNSHIP APPLICATION AND ACCEPTANCE FORM

ID INFORMATION OF THE STUDENT

Name-Surname	Photo
ID Number	.....
Enrollment Year	.....
Name of the Department	.....
Semester	.....
Mobile Phone Number	.....
E-mail Address@.....	
Address	

INSTITUTION/ORGANIZATION INTERNSHIP INFORMATION

Name	.....	
Address	..... .....	
Phone Number	.....	Fax Number	.....
E-mail@.....		
Internship Start Date	...../...../.....	Internship Completion Date/...../.....
Internship Duration (Work days)	.....	
Saturday	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Name of the Internship Department	.....	

INSTITUTION/ORGANIZATION AUTHORIZED PERSON INFORMATION

IT IS APPROPRIATE/NOT APPROPRIATE to have days optional internship of the student in our institution/organization whose ID information is above.

Name-Surname	.....
Title	.....
Signature and Seal/Stamp	.....
Telefon	.....
E-mail@.....

Yukarıda kimlik bilgileri verilen öğrencinin belirtilen kurum/kuruluşta ve belirtilen sürede staj yapması uygundur.

IT IS APPROPRIATE/NOT APPROPRIATE to have days optional internship of the student in institution/organization that information is above.

Approval of the Authorized Person	.....
Title	.....
Signature	.....

ATTENTION: The student must deliver this form during the indicated period in the Internship Directive before start of internship to the **Internship Unite**. This form must be prepared in **two original copies** (one copy for the institute/organization, one copy for the Internship Unite.)