

Commitment Letter

Name and Surname of Student :

ID Number :

Student's internship :

Institution/Organization :

Internship Start Date :

Internship Completion Date :

Internship Duration (work days):

1. I will complete my internship in the above mentioned dates.
2. I will not make any changes on my start and end dates by myself.
3. After the internship actually started, If I have to leave my internship for a valid reason, I will notify this situation and the reason with a written request to the Faculty Internship Coordinator within five working days at the latest.
4. If there is a change in health insurance status during my internship, I will inform the Faculty Internship Coordinator with a written request as soon as possible.
5. I will use all kinds of spaces, tools, materials, machinery, tools and equipment of my work place.
6. I will comply with the working principles of the institution in which I am practicing, the rules governing work and work discipline and work safety and legal regulations.
7. I will provide special requests (boiler suit,overalls, medical report, etc.) of my workplace.
8. At the end of the internship, I will deliver the documents proving that I have an internship to the Faculty Internship Coordinator.

If I can not fulfill these obligations, I assume all kinds of responsibilities.

Date :/...../.....

Mobil Phone :

e-mail :@.....

Student's Signature :