



İstanbul  
**GEDİK**  
Üniversitesi

T.C.  
**İSTANBUL GEDİK UNIVERSITY**  
Faculty of Engineering

**DATE: .../.../.....**

**TO THE FACULTY OF ENGINEERING**

In the summer semester of the 20 .... / 20.... academic year, I want to do my practical compulsory internship education, which I am responsible for, at the institution whose information is given below. I declare that I will precisely implement the personal precautions that should be taken against the COVID-19 epidemic, and I accept that I take responsibility in situations I encounter with the epidemic.

**SIGNATURE**

**STUDENT's**

**Number :**

**Name :**

**Surname :**

**Department :**

**Internship Company:**