



Istanbul
GEDİK
Üniversitesi

T.C.
İSTANBUL GEDİK UNIVERSITY
Faculty of Engineering

No: 24001434/304.03/

...../...../20...

Subject: Internship

TO WHOM IT MAY CONCERN;

The student of our Faculty whose name, surname and department are indicated below, wants to do his compulsory internship (..... working days) in your institution within the 2019-2020 academic year. During the internship period of our students (between the internship start and end dates), insurance transactions will be made by the University Administration. If you think it is appropriate for our student to do his internship at your institution between the following dates, I respectfully request you to fill in the attached form and send it to our Dean's Office.

Student's Information:

Name-Surname:	
Department:	
Number:	
E-Mail:	
Mobile Tel:	
Internship Start Date:	
Internship End Date:	

Attachment: Internship Workplace Approval Form

Form 1

MÜH. STJ. FRM.01/REV.00