

# INTERNSHIP WORKPLACE APPROVAL FORM

## T.C. İSTANBUL GEDİK UNIVERSITY

### TO THE FACULTY OF ENGINEERING

Student ....., with student number of ....., from department of ..... of your faculty, can do his/her compulsory internship at our workplace (... Working days /... Weeks). The features of our workplace are as follows. I present you with respect.

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

Workplace Executive  
Name, Sign., Stamp

#### INFORMATION ABOUT WORKPLACE

Title of the Workplace :	
Address :	
Phone :	Fax:
Web:	E-Posta (E-Mail):
Student's Internship Start Date : ...../...../20...	
Student's Internship End Date : ...../...../20...	
Internship Subject :	
Number of Workers :	Number of Technicians :
Number of Engineers :	
Business Field :	
Information about Device-Hardware-Machine Park (Type, number etc.):	

#### STUDENT'S

Phone :

ID No :

Date of Birth :

ATTACHMENTS : Brochure-catalog etc. introducing the workplace can be attached)

Below section will be filled by the Department Internship Commission.

Staj Komisyon Başkanlığı tarafından yukarıda adı geçen öğrencinin bu işyerinde staj yapması uygun görülmüştür/görülmemiştir.

...../...../20....  
Staj Komisyon Başkanlığı  
İmza

(\* ) Students can be inspected during the internship