



**T.C.**  
**İSTANBUL GEDİK ÜNİVERSİTESİ**  
**FACULTY OF ENGINEERING**  
**INTERNSHIP WORKPLACE APPROVAL FORM**

**To be filled by the student.**

<b>Student's</b>	Name Surname:		Turkish ID / Passport No	
	Department:		Birth Place	
	Student ID		Birth Day	
	Mobile Phone :		E-Mail	
	Address :			

**To be filled by the workplace.**

<b>Workplace's</b>	Title of the Workplace :			
	Address :			
	Business Field :			
	Address :			
	Phone:		Fax:	
	Web Pages:		E-Mail:	
	Will Student Be Paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Tax Office / Identification Number			
	Number of Employees :			
	Bank Name:			
	Bank Branch Name and Code:			
	Account No:		IBAN No	

<b>Workplace Representative Filling the Document</b>	Name Surname:		<b>WORKPLACE'S STAMP</b> Supervisor's Signature
	Duty/Title		
	E-Mail:		
	Date:		
	Signature		

TYPE OF INTERNSHIP	Compulsory Internship	Duration	
DATES OF THE INTERNSHIP	Starting Date	End Date	

Student's Signature		Faculty Approval	
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