**TR**

**SAKARYA UNIVERSITY**

**ENGINEERING FACULTY**

**DEPARTMENT OF METALLURGY AND MATERIAL SCIENCE ENGINEERING**

**INTERNSHIP PLACE INFORMATION FORM**

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| --- | --- |
| **STUDENT INFORMATION\*** | |
| Name and surname: |  |
| Student number: |  |

|  |  |
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| **INTERNSHIP PLACE INFORMATION\*** | |
| Company Name: |  |
| Workplace contact information (Address, phone, e-mail, web address): |  |
| Metallurgical and Material Engineer working in the workplace ? | Yes No |
| Name, surname and contact information (mail, phone) of the person responsible for the internship at the workplace: |  |
| Summary information about the workplace (Sector, number of engineers, number of workers, production area and production areas, quality control units, etc.): |  |

**\*I confirm that the information I have declared above is correct and I accept all responsibility that the information I give will be effective in the adequacy/insufficiency of my internship.**

Your student; name and signature