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| Açıklama: dikeylogo | **SAKARYA UNIVERSITY****ENGINEERING FACULTY****METALLURGY and MATERIALS SCIENCE DEPARTMENT** |
| **INTERNSHIP ACCEPTANCE FORM** |
|  |
| **STUDENT** |  |  |
| **Name and Surname** | **:** |
| **Faculty Student No.** | **:** |
| **Turkish Identity Number** | **:** |
| **Mobile/Home phone** | **:** |
| **YOUR INTERNSHIP** |  |
| **Type :** (Mandatory / Optional / Professional Practice / On the Job / etc.) | **:** |
| **Duration (Working Day)** | **:** |  |
| **Internship Start and End Date** | **:** / / - / / |  |
| **Statement and Commitment of General Health Insurance****health services from** my family through my mother/father within the scope of general health insurance . For this reason, I do not accept to be covered by general health insurance throughout my professional practice.**do not receive health services from** my family through my mother/father within the scope of general health insurance . Therefore, I agree to be covered by general health insurance throughout my professional practice. |
| - Between the dates mentioned above , I will do ……. my work day internship.- I undertake that I will inform the relevant education (school) unit at least one week in advance if the start and end dates of my internship change or I give up on the internship, otherwise I accept the penal obligations that will arise in accordance with the Law No. 5510. ….. / …… / 20 ….  Student's Signature |
| It is obligatory for the student of our department, whose identity is given above, to do an internship for the specified working day. During the internshipWork accident and occupational diseases insurance of our student will be made by our University. |
|  | **….** / ….. / 20… **(Approval)** |
|  |
| **WORKPLACE** |
| **Title** | **:** |
| **Address** | **:** |
| **Phone Number** | **:** |
| **Fax Number** | **:** |
| **Company Workplace Registration Number** | **:** |
| **Company's Tax Number** | **:** |
| **Chamber of Commerce / Tradesmen Registry Number** | **:** |
| **E-mail address** | **:** |
| **Field of Activity (Sector)** | **:** |
|  It has been deemed appropriate for the student whose name, surname and TR ID number is written above to do an internship at our workplace on the dates specified above.EMPLOYER or AUTHORITY |
|  | Name and surname ( Title ) Seal and Signature |
|  |
| **SUITABLE** |
|  **/ /** |
| **Department Internship Officer** |
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| **Note : 1 -** The student has to submit the Internship Acceptance Form to the relevant education (school) unit at the latest **ten (10) business days before the start of the internship.** **2- At least four (4) copies will be issued** by adding a photocopy of the identity card to the Internship Acceptance Form .**3-** The student whose Internship Acceptance Form is not prepared cannot start the internship. Otherwise, the internship will not be accepted. |