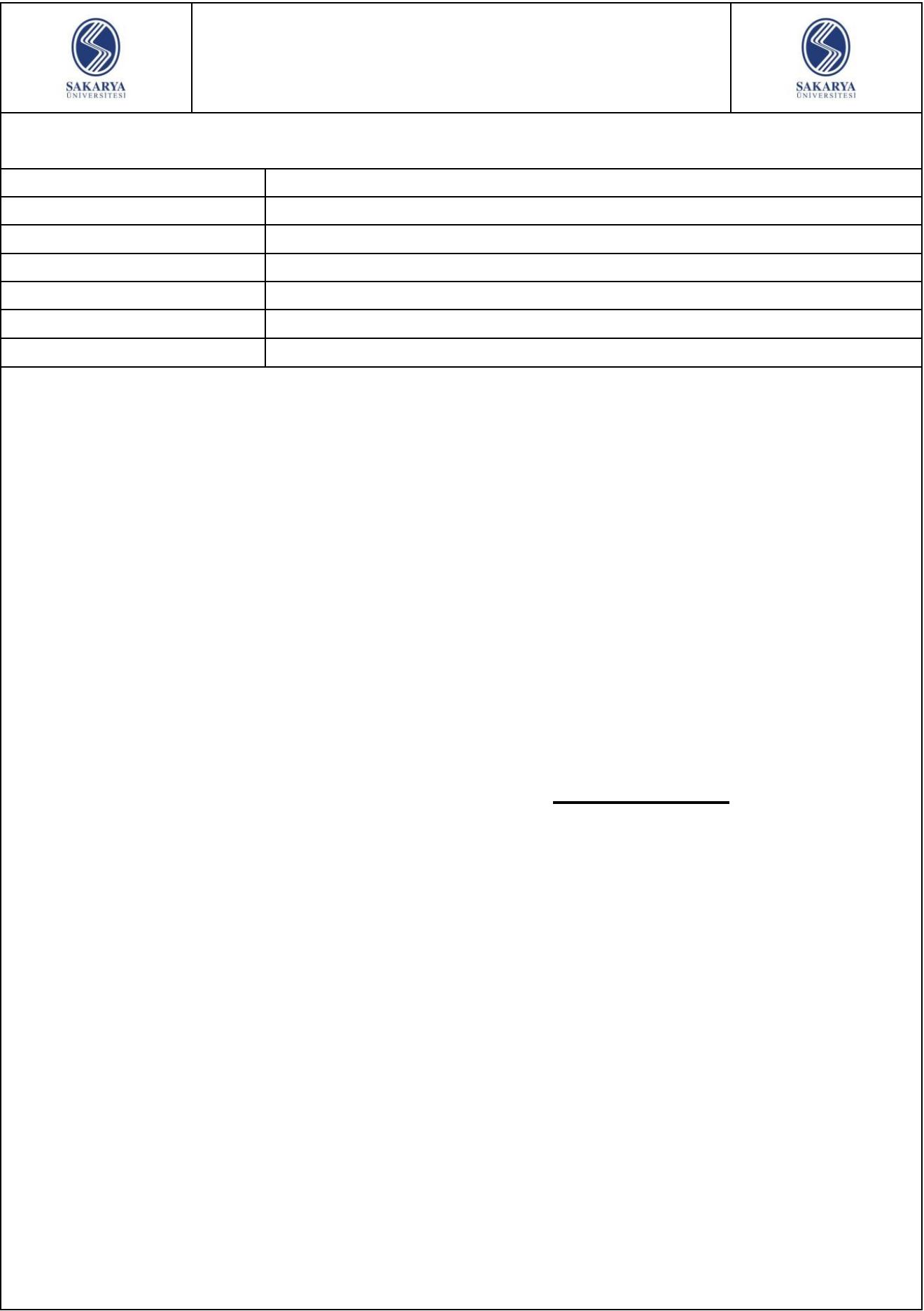
Name and surname

Student number

Turkish Identity Number

Telephone

TR SAKARYA UNIVERSITY

ENGINEERING FACULTY

……………………… DEPARTMENT OF ENGINEERING

# DOCUMENT OF INTERNSHIP

(This document will be given if the workplace requests)

Internship Type

Internship Duration (Working Day)

Internship Place

The student of our department whose identity is given above, Sakarya University Engineering

Faculty Compulsory Internship Directive:

**Article 1 states** that “each student, in order to gain practical work experience and improve their application skills, Sakarya University Undergraduate and Associate Degree Education and Examination.

In order to graduate according to the Regulation, the principles of the department internship application with this directive.

must successfully complete the internships required in accordance with the provisions of the

**Article 4 :** “Engineering Faculty students attend each department during their education period.

In accordance with the internship programs organized according to their characteristics, 20 days of uninterrupted

(working days) consisting of two parts, they have to do internship for 40 working days”,

In accordance with its articles, it is MANDATORY to do the above-mentioned **internship.**

SSI (work accident and occupational disease) insurance payments for the internship of the student will be paid by our institution.

# ……./……/20……

**Internship Commission President**