

T.C
NECMETTIN ERBAKAN UNIVERSITY
THE DEANSHIP OF FACULTY OF ENGINEERING

To the Relevant Authority

The student, whose identity information is given below, who is studying in the Department of **Metallurgical and Materials Engineering** at our university, has to perform internship for graduation. Against the risks of work accidents and occupational disease, SGK insurance premiums will be paid by our faculty in accordance with the law numbered 6111 and 5510, equal to the number of days when our student will do the compulsory internship.

I would like to thank your institution/company for the interest you will show to the student during the internship and wish you success in your studies.

COMPULSORY INTERNSHIP FORM

STUDENT INFORMATION

Name Surname		Department	
T.C. Identity No		Number of Previous Internship Days	
Student Id		Academic Year	
E-mail Address		Phone Number	
Residential Address			

COMPANY INFORMATION

Name		Beginning date of internship (*)	
Work Field		Completion date of internship	
Phone Number		Number of internship days	
Fax Number		Work on Saturday? (Y / N)	
E-mail Address		Number of Employees	
Web Address		Number of Engineers	
Address			

EMPLOYER OR AUTHORITY

Name and Surname			
Assignment / Title		Signature / Seal	
E-mail Address			
Phone Number			

APPROVAL OF STUDENT

APPROVAL OF INTERNSHIP COMMITTEE

I declare that the information on the document is correct, I will comply with the workplace rules of the company where I will do my internship, and I will not engage in any actions or actions that do not fit to the title of a student. I will do a good work behalf of my university and faculty.			
Date:	Signature	Date:	Signature:

IMPORTANT NOTE: This document will be submitted to the internship committee during the internship application. The student cannot do the internship, done and accepted by the committee before, for the second time. The student cannot do an internship for more than the number of days stated above. (No premium payment is made) If you are working in any institution liable to SGK, submit the document showing that you are working with this form. (*) The internship will start after the SGK registration number is received.