



DOKUZ EYLUL UNIVERSITY
BUSINESS FACULTY
TOURISM MANAGEMENT DEPARTMENT
INTERNSHIP APPLICATION FORM



STUDENT INFORMATION			
NAME /SURNAME			
STUDENT NUMBER		GRADE:	
DEPARTMENT			
IDENTITY NUMBER			
SECURITY REGISTER NUMBER			
ADDRESS			
TELEPHONE NUMBER			
IS THERE A SOCIAL SECURITY FROM FAMILY?	YES	NO	

-I confirm that I will not attend summer school during my internship period, otherwise I accept my internship will not be valid.

-I confirm that I accept all the necessary procedures about social security institution if I quit my internship before the previously stated date on the form.

-I confirm all the information stated in the form above.

Name/Surname of the student:

Date/Signature:

INTERNSHIP BUSINESS/INSTITUTION	
TITLE /NAME	
ADDRESS	
TELEPHONE NUMBER	
DEPARTMENT	
START AND END DATE OF INTERNSHIP	
JOB TITLE	
NUMBER OF EMPLOYEES IN THE BUSINESS/INSTITUTION	
WILL INTERN BE PAID DURING INTERNSHIP? IF YES, THE AMOUNT TO BE PAID?	
We approve the internship of aforementioned student in our business/institution	Authorized Person: Date/Signature: Stamp:

Internship Commission approves the internship of the student.

Department Internship Commission Chair	Department Internship Commission Member	Department Internship Commission Member
Date/Signature	Date/Signature	Date/Signature