## DOĞU AKDENİZ ÜNİVERSİTESİ

EASTERN MEDITERRANEAN UNIVERSITY

Gazimağusa – KKTC. Tel: +90 (392) 630 12 17, Fax: +90 (392) 365 13 17

Photo

Photocopies of photos are not allowed

# T.R.N.C.

**EASTERN MEDITERRANEAN UNIVERSITY COMPULSORY INTERNSHIP FORM (\*)**

### To Whom It May Concern,

Please be advised that the students of our university are required to carry out internship practice at various organizations or businesses until the end of their studies. We kindly thank you for your interest in allowing the student whose details are specified below to carry out his/her internship practice at your institution and wish you all the further success in your endeavors.

|  |  |  |  |
| --- | --- | --- | --- |
| Name – Surname |  | ID No. |  |
| Student No. |  | Academic Year |  |
| Department/Program |  | Faculty |  |
| e-mail |  | Phone No. (GSM) |  |
| Address |  |

### INFORMATION ABOUT THE PLACE WHERE THE INTERNSHIP PRACTICE WILL BE CARRIED OUT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Internship practice****Commencement date** |  | **Finishing****date** |  | Duration(Working Days) |  |
| Name of the company |  |
| Address of the company |  |
| Production/Service Area |  |  |  |
| Phone Number |  | Fax. No. |  |
| e-mail |  | Web address |  |

**INFORMATION ABOUT THE EMPLOYER OR THE AUTHORISED OFFICIAL**

|  |  |
| --- | --- |
| Name-Surname |  |
| Duty/responsibility area |  | ApprovedSignature / Stamp | *A formal admission fax containing student information from the company is sufficient* |
| e-mail address |  |
| Date |  |
| Employer’s S.G.K No. |  |

**STUDENT’S BIRTH DETAILS** (to be filled in by the relevant student upon the approval of the internship practice application.)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Province of birth |  |
| Name |  | District |  |
| Father’s name |  | District-Village |  |
| Mother’s name |  | File No. |  |
| Place of birth |  | Family Sequence No. |  |
| Date of birth |  | Sequence No. |  |
| ID. No. |  | Office issued |  |
| ID Card Serial No. |  | Reason of issuing |  |
| S.G.K. No. |  | Date of issuing |  |

### SIGNATURE (STUDENT) APPROVAL (DEPARMENT) APPROVAL (FACULTY)

|  |  |  |
| --- | --- | --- |
| I declare that the information provided on this document is accurate.Date: | Date: | Date: |

**(\*) 3 copies of this form must be filled in electronically** (not photocopies) on each of which a photo is attached. One of the approved forms is submitted to the departmental secretary and 2 copies (with 3 **copies of the ID**, 3 copies of the **approval fax, and 3 copies of Mustehaklik Belgesi – for Turkey only**) to the Registrar’s Office latest by two weeks before the internship practice commencement date.