

INTERNSHIP APPROVAL FORM

To whom it may concern,

Students of the Department of Business Administration at TED University are required to complete a compulsory internship program during their undergraduate studies. The duration of the internship is at least 10 consecutive business days.

According to the Law No. 5510 on “Social Security and General Health Insurance”, the premium for the Insurance of Occupational Accidents and Professional Diseases will be paid by our University. We thank you in advance for having our student, whose personnel details are provided below, as an intern at your institution/organization/company.

Student Information

Name & Surname:	TR ID Number:
Faculty:	Department/Program:
Academic Year:	e-mail:
Phone (GSM):	Phone (home):
Correspondence Address:	

Internship Information (Organization)

Internship's Start Date:	End Date:	Duration: (Business Days)
Name of the Organization:		
Address of the Organization:		
Area of Activity:		
Phone:	Fax:	
e-mail:	Web page:	

Internship's Supervisor Information and Approval

Name & Surname:	Approval of the Internship Supervisor	
Position and Title:		
e- mail:		
Date:	Signature / Stamp	

Signature of the Student

Department / Faculty Approval

Career Center/ Secretary Approval

My statement in this document is accurate.		All documents received are complete and approved.
Date:	Date:	Date: