

## SUMMER PRACTICE ACCEPTANCE FORM

## TRAINEE INFORMATION

Name-Surname		TR Identity No	
Faculty		Department/Program	
Academic Year		E-mail Address	
Phone Number (GSM)		Home Phone Number	
Home Address			

## COMPANY INFORMATION

Summer Practice Start Date		Summer Practice End Date		Duration of Summer Practice (work days)	
Company Name					
Company Address					
Sector					
Phone Number		Fax Number			
E-mail Address		Web Address			
Benefits Provided by the Company (food, salary, accommodation, transportation, insurance, etc.)					

## TRAINEE CONSULTANT

Name Surname			
Position and Title		Trainee whose details are given above will conduct his/her summer practice under my supervision.	
E-mail Address			
		Date/Signature/Seal	

SIGNATURE OF THE STUDENT

DEPARTMENT/FACULTY APPROVAL

CAREER CENTER/REGISTRAR'S  
OFFICE APPROVAL

All the information I provide in this document is correct.		All required documents are submitted.
Date:	Date:	Date: