



SUMMER PRACTICE ACCEPTANCE FORM



Trainee Information

Name-Surname		Department/Program	
Faculty			
Academic Year		E-mail address	
Phone Number (GSM)		Home Phone Number	
Home Address			

Company Information

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

Trainee Consultant

Name-Surname			
Postion 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/Secretariat Approval

All the information I provide with this form is correct.		All required documents are submitted.
Date:	Date:	Date: