

SUMMER PRACTICE ACCEPTANCE FORM

To whom it may concern,

Our students have to complete a mandatory internship at organizations, institutions, companies and factories before their graduation, as a part of their undergraduate program requirements at TED University.

Department of Mechanical Engineering requires that the duration of the internship is at least 20 work days.

We thank you in advance for having our student, whose personnel details are provided below, as a trainee at your institution/ organization/ company/ factory.

TRAINEE INFORMATION

| | | | |
|-----------------------|--|--------------------|--|
| Name-Surname | | Passport No | |
| Faculty | | Department/Program | |
| Academic Year | | E-mail Address | |
| Phone Number (Mobile) | | 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 | | | | | |
| Field of Business | | | | | |
| 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 and Signature | |

| SIGNATURE OF THE STUDENT | DEPARTMENT/FACULTY APPROVAL | CAREER CENTER APPROVAL |
|--|-----------------------------|---------------------------------------|
| All the information I provide in this document is correct. | | All required documents are submitted. |
| Date: | Date: | Date: |