TED UNIVERSITY

MANDATORY INTERNSHIP APPROVAL FORM
EYS.KAM.FR.084-ENG

To Whom It May Concern,

Our students are required to attend an internship program in an establishment until the end of their period of study as stipulated by our curricula.

Pursuant to the relevant provisions of the *Vocational Education Law No. 3308*, it has been decided that a part of the payments to be made to the students who attend vocational training, internship and complementary training in enterprises will be covered by the *Unemployment Insurance Fund* as a state contribution. Accordingly, the payment to be made as state contribution will be calculated over thirty percent of the net amount of the minimum wage; it cannot be less than two-thirds if the enterprise where vocational training is received employs less than twenty employees, and not less than one-third if it employs twenty or more employees. Wages to be paid to students are exempt from all kinds of taxes.

In order for this insurance to be issued by our University, the relevant section below must be approved by you. We would like to thank you for your interest in our student's internship in your organization and wish you success in your work. Please deliver this form to the student.

Insurance of the trainees against work accidents and occupational diseases are to be covered by our university during the internship. In order that we can complete the related social security procedures, you are kindly requested to approve the relevant section of the form below. We would like to thank you for the opportunity you have provided our below-mentioned student with and wish you success in your work. Please submit this form back to the trainee.

STUDENT INFORMATION			
Name-Surname		Rep. of Turkey ID No.	
Faculty		Dept./Program	
Phone No (GSM)		e-Mail	
Internship Code	☐ Summer Practice I ☐ Summer Practice II ☐ Co-op		

RELEVANT INFORMATION OF THE INSTITUTION OF INTERNSHIP					
Starting Date of the Internship		Ending Date of the Internship		Duration (Workdays)[1]	
Name of the Company			Related unit		
Company Address					
Phone No.					
e-Mail					

EMPLOYER/AUTHORIZED PERSONNEL INFORMATION				
Name Surname			Internship of the Trainee has been accepted.	Date/Name-Surname/Stamp/Signature
Position/Title				
e-Mail				
Trainee will be paid	☐ Yes	☐ No		

CAREER CENTER
Date/Name-Surname/Signature

[1] Minimum period of the mandatory internship is 20 consecutive days for the Faculty of Economics & Administrative Sciences and the Faculty of Engineering; 30 days for the Faculty of Architecture and 60 consecutive days for the Co-op.

RESTRICTED