TED UNIVERSITY

VOLUNTARY INTERNSHIP APPROVAL FORM
EYS.KAM.FR.085-ENG

To Whom It May Concern,

Voluntary internships, which are common at TED University, are supported until graduation without time limitations; internship insurances, in these cases, are covered by the university.

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.

<table>
<tr><td colspan="5">STUDENT INFORMATION</td></tr>
<tr><td>Name-Surname</td><td colspan="2"></td><td>Rep. of Turkey ID No.</td><td></td></tr>
<tr><td>Faculty</td><td colspan="2"></td><td>Dept./Program</td><td></td></tr>
<tr><td>Phone No (GSM)</td><td colspan="2"></td><td>e-Mail</td><td></td></tr>
<tr><td>Internship Type</td><td colspan="4">☐ Short Term ☐ Long Term (Min. 90 days)</td></tr>
<tr><td colspan="5">INFORMATION ON THE INTERNSHIP VENUE</td></tr>
<tr><td>Starting Date of the Internship</td><td colspan="2"></td><td>Ending Date of the Internship</td><td></td></tr>
<tr><td>Name of the Company</td><td colspan="2"></td><td>Related unit</td><td></td></tr>
<tr><td>Company Address</td><td colspan="4"></td></tr>
<tr><td>Phone No.</td><td colspan="4"></td></tr>
<tr><td>e-Mail</td><td colspan="4"></td></tr>
<tr><td colspan="5">EMPLOYER/AUTHORIZED PERSONNEL INFORMATION</td></tr>
<tr><td>Name Surname</td><td colspan="2"></td><td rowspan="4">Trainee has been admitted for internship.</td><td rowspan="4">Date/Name-Surname/Stamp/Signature</td></tr>
<tr><td>Position/Title</td><td colspan="2"></td></tr>
<tr><td>e-Mail</td><td colspan="2"></td></tr>
<tr><td>Trainee will be paid</td><td>☐ Yes</td><td>☐ No</td></tr>
<tr><td colspan="5">THE CAREER CENTER</td></tr>
<tr><td colspan="5">Date/Name-Surname/Signature</td></tr>
</table>

RESTRICTED