



Doküman No

Yayın Tarihi

Rev. No / Rev. Tarihi

Sayfa No

KYS-FR-43-EN

07.05.2021

0 / -

1 / 1

Name-Surname

Student Number

Faculty

Department

Grade

Semester

Receiving Country

City

Receiving Organisation

Start Date

End Date

Type of Traineeship

☐ Compulsory ☐ Voluntary

Course Name**Code**

Semester

TEDU Credit

ECTS

Date / Full Name / Signature

**APPROVAL OF
INTERNSHIP
COORDINATOR (If
available)**

Date / Full Name /
Signature

**APPROVAL OF
ERASMUS+
DEPARTMENTAL
COORDINATOR**

Date / Full Name /
Signature

**APPROVAL OF THE
HEAD OF
DEPARTMENT**

Date / Full Name /
Signature

**APPROVAL OF
FACULTY /
INSTITUTE**

Date / Full Name /
Signature

TASNİF DIŞI

* Doldurulduğunda "Gizli" gizlilik dereceli doküman özelliği kazanır.