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|  | **T.C.**  **KUTAHYA DUMLUPINAR UNIVERSITY**  **TAVSANLI APPLIED SCIENCES FACULTY**  **INTERNSHIP APPLICATION AND ACCEPTANCE FORM** | Fakültemiz Logosu | Document No: | DPÜ.TUBİF.FR.091 |
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Number : ....../..…./…….

Subject : Internship Application

**To Whom It May Concern,**

In order to graduate, our faculty students are required to complete internship in institutions/organizations related to their education. Insurance procedures for students for internships are carried out by the Faculty in accordance with the Social Insurance and General Health Insurance Law No. 5510. In accordance with subparagraph (a) of the second paragraph of Article 13 of the same law, if an intern has a workplace accident, it is mandatory to notify the authorized law enforcement authorities and our Faculty on the same day. In addition, if the student will be paid an internship fee, it is mandatory to fill out the "Unemployment Fund Contribution to Internship Fees Student and Employer Information Form" (Appendix-7).

If the student whose information is given below is deemed appropriate to do an internship for …… days in your institution/organization, I kindly request that the relevant section of the form be filled in and approved and forwarded to our Faculty.

Department Internship Committee President

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT IDENTITY INFORMATION** | | | | | | | | |
| Name‒Surname | | ……………………………………………………………………….……………....... | | | | | | |
| Name of the Department the Student is Registered | | ……………………………………………………………………….……………....... | | | | | | |
| TR Identity Number | | ……………………………………………………………………….……………....... | | | | | | |
| Grade/Academic term | | ……………………/…………………… | | | | | | |
| Address | | ……………………………………………………………………….……………....... | | | | | | |
| Phone Number (Mobile Phone No.) | | ………………………………………………………. | | | | | | |
| E-mail Address | | ………………………@………………………………… | | | | | | |
| Social Security Institution (SSI) Registration | | Yes |  |  | | No |  |  |
| **INFORMATION ABOUT THE INSTITUTION/ORGANIZATION FOR INTERNSHIP** | | | | | | | | |
| Institution/Organization Name | | ……………………………………………………………………….……………....... | | | | | | |
| Institution/Organization Address | | ……………………………………………………………………….……………....... | | | | | | |
| Institution/Organization Production/Service Area | | ……………………………………………………………………….……………....... | | | | | | |
| Phone/E-mail | | ………………………/……………….………………… | | | | | | |
| Institution/Organization Web Address | | ……………………………………………………………………….……………....... | | | | | | |
| **I declare and undertake that the information I have stated above is correct, that I will do my daily internship between the dates specified below, that I will inform the “Internship Unit” at least 3 work days in advance in case the start and end dates of my internship change or if I do not start my internship or if I give up the internship before the pre-determined date, otherwise I will cover the financial losses that may arise due to SSI premium payments; that I will not share the events, people, names, and other information I learn during the internship with third parties, and that I will assume all kinds of responsibility if I share them.**  **Student's Signature: ......................................**  **Student's Name-Surname:…………………………..................…. …./…./……** | | | | | | | | |
| A ……. day COMPULSORY INTERNSHIP for a student with the above credentials in our institution/organization;  **APPROPRIATE NOT APPROPRIATE** | | | | | **Institution/Organization Official**  **Name‒Surname:**…...………...…………………….………. **Signature :**………...……………….......…..  **Date : ….../..…../……….… Seal/Stamp:** | | | |
| **STUDENT'S;** | | | | | | | | |
| **INTERNSHIP TYPE:** …………………………………………………………………………………………………….….. | | | | | | | | |
| **INTERNSHIP START DATE** | **….../..…../…………** | |  |  | **Internship Duration ……..days** | | | |
| **INTERNSHIP END DATE** | **: ….../..…../…………** | |  |  |
| **Department Internship Committee President**  **Name‒Surname:** ……………………………………………………………….. **Signature:** ……………………………………… | | | | | | | | |

***IMPORTANT NOTE:* The student must submit this form to the "Internship Unit" before starting the internship by the date specified in the "Internship Directive". This form must be prepared in 2 original copies. One of the copies will remain with the institution/organization, the other will be submitted to the "Internship Unit" by the student.**