



REPUBLIC of TURKEY  
ALANYA ALAADDIN KEYKUBAT UNIVERSITY  
Rafet Kayış Engineering Faculty

Photo is  
required.

TO WHOM IT MAY CONCERN

Our student, whose credentials are written below, are obliged to do a traineeship. Please kindly inform us, if the application of our student to have a traineeship at your institution / business, is found appropriate. Thank you for your cooperation.

Head of the Department  
Signature

COMPULSORY TRAINEESHIP (INTERNSHIP) TABLE

Name Surname			
Personal Citizen ID		Academic year	202...../202.....
Department		Telephone	
Student ID		E-mail	
<b>Address of Student:</b> (District, Street, Door Numbers must be written clearly.)			

PLACE OF INTERNSHIP

Name/Title			
Address			
Production / Service Area			
Telephone		Fax No	
E-mail		Website	
<b>Internship Start Date</b>		<b>End Date</b>	<b>Duration (day)</b>

EMPLOYER / AUTHORITY

Name Surname		It is appropriate to do an internship in our institution / business.	Signature / Stamp
Job Title			
E-mail			
Date			

I declare that the information on the document is correct and I kindly present the internship document to be prepared.	Approval of the Department Internship Committee Chair / Member	Internship entry to the Social Security Institution has been made.
Date :	Date :	Date :

- Until 20 days before the compulsory internship start date, it must be submitted to the Faculty's Financial Affairs unit together with the copy of the ID. **The form to be delivered is prepared in 3 original copies (no photocopy).**
- Alanya Alaaddin Keykubat University Rectorate Engineering Faculty Dean's Office is responsible for paying the occupational accident and occupational diseases insurance premiums of the student who applies for internship in accordance with the law numbered 5510.