

INTERNSHIP INFORMATION FORM

This form contains information which will be considered by Özyeğin University in order to grant the required pre-approval for the internship employer and fulfill the social security obligations on behalf of the intern. Thank you for your cooperation.

Please fill all of the required fields on the form.

To be completed by the student.

Student's Name and Surname:

Faculty / Program / Total Completed ECTS:

Social Sciences / International Relations /
Faculty / Program / Total Completed ECTS:

Commission Member:

To be completed by the internship sponsor

Internship Sponsor or Employer:

Name :

Address:

Sector:

Line of Business:

Category:

Public Company Private Company NGO Research Institute/
University

Multinational Company Other (Please specify):.....

Internship Period (dd/mm/yy)

Start Date: /..... /..... End Date: /..... /.....

Weekly work days:

Day:

Weekly work hours:

Time:

Department(s)/Science(s) and Field(s) to Be Affiliated With During the Internship Period:

Job Description/Content:

Expected Learning Outcomes /Competences:

Work Schedule and Benefits: (Accommodation, Transportation, Pay, ...)

Internship Supervisor's:

Name / Surname:

Title:

E-mail:

Telephone No:

Authorized Signature & Internship Sponsor's Stamp:

To be completed by Özyeğin University

Member of the Internship Commission:

Approvals:

Date:

Signature: