

INTERNSHIP INFORMATION FORM for the FACULTY OF APPLIED SCIENCES

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form includes the information that will be considered to give pre-approval in order for Özyeğin University to fulfill the social security requirements of students who will complete their mandatory or voluntary internship.  Thank you for your cooperation.  **All the fields in the form need to be filled out completely.** | | | | | | | | | |
| *To be completed by the student* | | | | | | | | | |
| **Student Name / Last Name:** | | |  | | | | | | |
| **Student Number:** | | |  | | | | | | |
| **ID number:** | | |  | | | | | | |
| **Program / Class:** | | | ………………………….................................. /…………………………………………………………….………. | | | | | | |
| **GSM:** | | |  | | | | | | |
| **E-mail:** | | |  | | | | | | |
| **Type of Internship/Code:** | | | Mandatory Internship ☐  Course Code: | | | | | Voluntary Internship ☐ | |
| *To be completed by the person in charge of the internship at the institution* | | | | | | | | | |
| **Institution / Company:** | | | Name | | |  | | | |
| Address | | |  | | | |
| Sector | | |  | | | |
| Field of Operation | | |  | | | |
| Name / Last name | | |  | | | |
| Phone | | |  | | | |
| E-mail | | |  | | | |
| Category of the institution:   * Public ☐ Private ☐ SME ☐ Research Institute * Multinational Institution ☐ Other (please identify ) : …………………..………………… | | | | | | |
| **Internship Start Date** | | **Internship End Date** | | | | | **Duration of Internship (Total days of**  **internship between the stated dates)** | | |
|  | |  | | | | |  | | |
| **Form of Internship** | | * Full time | | | | | * Part time   (Please state the days of work at the  internship) | | |
| **Working days for a Part time Internship** | | | | **Number of Working days per week for a Part time Internship** | | | | | |
| * Monday ☐ Tuesday ☐ Wednesday * Thursday ☐ Friday ☐ Saturday ☐ Sunday | | | |  | | | | | |
| **Work Conditions & Side Benefits: (Wage, Lodging, Transport, Meals)** | | | * Wage (…………………………….-TL) ☐ Lodging ☐ Transport ☐ Meals   ***(If a wage is applicable, then it is certainly to be stated and other benefits to be marked)*** | | | | | | |
| **Internship Department(s) / Work Area(s):** | | |  | | | | | | |
| **Job Content:** | | |  | | | | | | |
| **Expected competencies to be gained by the student:** | | |  | | | | | | |
| **The person in charge to evaluating the internship at the institution** | | | Name / Last Name | |  | | | | |
| Title | |  | | | | |
| E-mail | |  | | | | |
| Phone | |  | | | | |
| **Student’s Signature** | **Institutional Signature and Seal** | | | | **Internship Coordinator Approval** | | | | **Dean of FASC**  **Approval** |
|  |  | | | |  | | | |  |
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*sas.in.01*