

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 ) : …………………..…………………
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| **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 theinternship) |
| **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
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| **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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