Attn. Faculty of Business

Özyeğin University

Faculty of Business

Phone: +90 216 564 9000 …………… [Date]

To Whom It May Concern,

Herewith we confirm that ………………………………………………………………… [Name of the Student] completed her/his internship at our company between ………………….. [Start Date] and ………………….. [End Date] as previously agreed in the Mandatory Internship Information Form.

Regards,

[Internship Supervisor’s Name, Title, E-mail, Phone]

[Authorized Signature & Internship Sponsor’s Stamp]