



**SULEYMAN DEMIREL UNIVERSITY
ENGINEERING FACULTY
DEPARTMENT OF AUTOMOTIVE ENGINEERING
MANDATORY INTERNSHIP FORM**

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To whom it May concern,

Automotive Engineering Department students are required to do internships in organizations and businesses until the end of their education period. General Workshop / Business and Organization internship of our student, whose information is given below, We would like to thank you for your interest in doing it in your organization during the working day and wish you success in your work.

Department Internship Commission

SIGNATURE OF THE STUDENT

I declare that the information on the document is correct, and I respectfully submit to the preparation of the internship documents related to the aforementioned company that I have promised to do internship. **Your student;**

Name Surname : Date:/...../ 20.....
 Its number :
 Academic year 20.... /20.....
 Phone Number :
 e-mail address : Address Signature

of Residence
(Address at the Place of Internship)

POPULATION REGISTRATION INFORMATION OF THE STUDENT

Surname		Province of Registered Population	
Name		District	
Father's		Neighborhood- Village	
Name		Vol	
Mother's Name		Family Serial Number	
Place of Birth Date		Sequence No.	
of Birth TC ID No.		Issued Population Office	
N.Wallet Serial No		Reason for Issue	
SSK No.		Date of issue	
		Military Status	

PLACE OF INTERNSHIP

Company Name / Title			
address			
Production/Service Area			
Phone No e-		FAX No.	
mail address		Web address	
Internship Start Date / ... / 20.... End Date	Company / / / 20..... Duration (days) Working Days

Signature / Stamp

.....**This is to be filled in after the internship application is accepted.**

DEPARTMENT INTERNSHIP APPROVAL	SSI EMPLOYMENT STATEMENT TO THE DEAN'S OFFICE MAKE IT AT THE ACCOUNTING SERVICE
Date:/...../20..... Internship Commission President (Stamp-Signature)	

IMPORTANT NOTE: The "Mandatory Internship Form" must be filled in at least 10 days before the start of the internship and submitted to the Faculty's Accounting Service. The form to be submitted is prepared as 1 original copy (not a photocopy). Pursuant to paragraphs 5/b and 87/e of Law No. 5510, the insured entry of the student to the Social Security Institution for Work Accident and Occupational Disease will be made one day before the start of the internship and the premium will be paid by our university.