



SULEYMAN DEMIREL UNIVERSITY
ENGINEERING FACULTY
TO THE DEPARTMENT OF AUTOMOTIVE ENGINEERING

ISPARTA

...../...../20.....

Student of your department numbered compulsory

He completed his internship at our company/institution between the dates/...../20.....-...../...../20.....

will do. Our company/institution works legally on Saturdays and works full time (8 hours).

including Saturdays during the internship period of your student.

It is appropriate to do an internship in our company/institution. We provide the necessary information for your information.

Company / Institution Official

Signature-Stamp

Name and surname