



**SULEYMAN DEMIREL UNIVERSITY  
ENGINEERING FACULTY  
DEPARTMENT OF AUTOMOTIVE ENGINEERING  
ISPARTA**

**Issue:** B.30.2.SDU.0.17.11.00-216 ...../.....201...

**Subject :** Internship

To whom it May concern;

Our department's student number ..... thirty (30) ) work

He has to do the workshop internship on the day. Allocated to our Department by student institutions did not benefit from the internship quota.

I would like to present your information and its requirements.

Dr. Instructor Member Selim DEMYRTÜRK

Internship Commission President

Internship Type : Workshop Internship (30 working days)

Internship Dates: