**Süleyman Demirel University Faculty of Engineering**

**INTERNSHIP FORM**

To whom it May concern,

automotive engineering department of your students education time to the end until establishment and in businesses internship don't do that obligation has. Below information Location area our student your internship stated work day for the duration in your institution/business in doing you will show attention thanks We wish you success in your work.

 ***ÖĞRENCİNİN BİLGİLERİ:***

Öğrenci Numarası Adres

Telefon

Cep Telefonu E-Posta Adresi Öğretim Yılı

:……….

:……….

:……

:……

:…….

:…….

 ***ÖĞRENCİNİN NÜFUS KAYİT BİLGİLERİ***

|  |  |  |  |
| --- | --- | --- | --- |
| TC Identification number | :……. | Registered City - District | :……. |
| Name and surname | :…….. | Neighborhood-Village | :……. |
| Father name | :…….. | Vol | :……. |
| Mother name | :…….. | Family Serial Number | :……. |
| Place of birth | :…… | Issued Population Office | :…… |
| Date of birth | :…… | Reason for Issue | :…… |
| N.Wallet Serial Number Military Status | :…..:…….. | Date of issue | :……. |

 ***STAJ YAPILAN YERİN***

Firma Adı/Ünvanı : …….

Adresi

: ………………………..

Üretim/Hizmet Alanı Telefon No

Faks No Web Adresi

E-Posta Adresi

Staj Başlama Tarihi Staj Bitiş Tarihi Stajın Süresi (iş günü)

İş Sağlığı Ve Güvenliği

Eğitimi Sertifikası durumu\*

: ………………………

: …………………..

: ……………………

: ……………

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: ………………..

: ………………..

: ………………..

:…………………..

Firma/ Kurum Onayı

İmza / Kaşe

\*; Certificates obtained outside the university student information system must be photocopied, photographed, etc., during the applications made to the department. submission in formats

mandatory.

Certification continues by watching videos on the old OBS (obs.sdu.edu.tr) system.

**Student's Signature**

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.

# Department/Program Approval

## History: …/…. /2021

**Make an SGK entry from the faculty accounting unit.**

…………

Tarih:

İmza :

## Internship Officer (Stamp/Signature)

IMPORTANT NOTE : The “Mandatory Internship Form” must be filled in at least 10 days before the start of the internship or within the periods specified in the internship calendar 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.