

Internship students are insured against occupational accidents and diseases by our university. We would like to thank you for your contribution to our professional development by enabling our student to do internship in your institution.

ISTINYE UNIVERSITY STUDENT CENTER (ÖMER)

STUDENT INFORMATION

NAME SURNAME:

FACULTY / VS:

DEPARTMENT:

STUDENT NUMBER:

PHONE NUMBER:

ADDRESS (IN TURKEY):

I receive health services from my family (mother / father) or myself within the scope of general health insurance. For this reason, I do not agree to be covered by general health insurance during my internship.

I do not receive health services from my family (mother / father) or myself within the scope of general health insurance. Therefore, I agree to be covered by general health insurance during my internship.

Explanation: During your internship, your insurance against work accidents and occupational diseases will be covered by ISU in both cases above. Your answer is related to the technical dimension of SGK.

INTERNSHIP INFORMATION

Duration of Internship:

Workdays.

Internship Type : Compulsory Optional

Start and End Date:

INFORMATION ABOUT INSTITUTION

NAME:

UNIT / DEPARTMENT:

PRODUCTION / SERVICE AREA:

PHONE NUMBER:

E-MAIL:

WEB SITE:

ADDRESS:

THE PERSON RESPONSIBLE FROM THE TRAINEE

IT IS APPROPRIATE FOR THE STUDENT TO DO INTERNSHIP IN OUR INSTITUTION.

NAME SURNAME:

TITLE / POSITION:

PHONE NUMBER:

E-MAIL:

DATE:

SIGNATURE:

STAMP:

STUDENT

I accept that the information I provide is correct. I undertake that any damage resulting from incorrect or incomplete information will be paid by me.

NAME SURNAME:

DATE:

SIGNATURE:

DEPARTMENT MANAGER	DEAN OR HEAD OF VOCATIONAL SCHOOL	STUDENT CENTER
Students' documents and approvals have been completed.	Internship is appropriate for the student.	Internship is appropriate for the student.
NAME SURNAME:	NAME SURNAME:	NAME SURNAME:
DATE:	DATE:	DATE:
SIGNATURE:	SIGNATURE:	SIGNATURE:

REMEMBER!

- To complete this form in 3 copies,
- First to get approval from your Department / Program Chair, secondly from your Dean / Vocational School Manager and finally from the institution you will do your internship,
- To submit the forms to Student Center (ÖMER) (1 passport size photo and photocopy of identity card must be attached to the form)
- To complete all transactions at least 20 days before the start of the internship.