|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **REPUBLIC OF TURKEY GEBZE TECHNICAL UNIVERSITY DEAN’S OFFICE OF THE FACULTY OF …………………………..** | | | | | | |
| **STUDENT INTERNSHIP FORM**  **To the Attention of the Internship Committee**  I would like to perform my ………..-day Compulsory/Optional Internship between ...../… / 20…. - …./…./20… at the institution/organization about which I have provided information below.  **Signature** | | | | | |
| **Student’s Details** |  |  |  |  |  | |  |
| TR Identification Number |  |  |  |  |  | |  |
| Full Name |  |  |  |  |  | |  |
| Student Number |  |  |  |  |  | |  |
| Department – Year |  |  |  |  |  | |  |
| Cell Phone Number |  |  |  |  |  | |  |
| E-mail Address | **@** | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Is the student registered in the insurance system against work accidents and occupational diseases? | YES |  | NO |  |
| \*\*Is the student registered in General Health Insurance System? (for those without provisions) | YES |  | NO |  |
|  |  | | | |
| Preferred Institution/Organization as Place of Internship |  | | | |
| Contact Person’s Full Name at the Place of Internship |  | | | |
| Contact Person’s Duty/Work Title/Position |  | | | |
| Institution’s/Organization’s Phone Number |  | | | |
| Institution’s/Organization’s Fax Number |  | | | |
| Institution’s/Organization’s E-mail Address |  | | | |
| The reason why the institution/organization in question was preferred by the student as the place of internship |  | | | |

\* The student is required to be registered in the Insurance System Against Work Accidents and Occupational Diseases and mark **“Yes”** as the answer. If the student has already been registered by their place of internship, then they are required to submit their related letter of request that they do not want to be registered by GTU and document that proves they have already been registered in the system by their place of internship. If the student’s letter of request is accepted, then their registration in the system is not carried out by GTU.

\*\*Those whose “right to insurance” document (Müstehaklık Belgesi) states that they “could not receive provision” are required to mark **“Yes”**, those with provisions are required to mark **“No”**.

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| **To the Dean’s Office** |
| It has been approved by our Department’s Internship Committee that our student conducts their internship at the indicated institution/organization as (………….) business days compulsory, (………….) business days optional.  Respectfully submitted for your necessary action.    Department’s Internship Committee  Chair  Approval respectfully submitted  Head of Department |
| APPROVED |
| Dean |

WHAT COMES NEXT:

1. If your Student Internship Form is approved, please submit the copies of your Place of Internship-Student Acceptance Form, Right to Insurance Document, and Student Internship form within at least 5 (five) business days before the start of your internship. Please take two copies of your Statement of Employment from the Dean’s Office and submit it to your department by signature along with your Right to Insurance Document. Please take and submit the other copy of your Statement of Employment to your place of internship.
2. If the place of internship you proposed is not accepted, please make a new proposal.