LETTER OF INTERNSHIP ACCEPTANCE

To: Deanery of Istanbul University, Faculty of Aquatic Sciences,

Regarding the inquiry of (1) _____**,** hereby, we would like to inform you that an internship study at (2) _____ for (3) ____ days between (4) _____ - _____ has been deemed appropriate and accepted by us.

Best Regards.

RESPONSIBLE AUTHORITY OF THE WORKPLACE

Full name and Surname :

Title and Position :

Company / Institution :

Approval date :

Stamp and signature :

(1) (student's full name and surname)
(2) (the name of the company / institution)
(3) (number of work days)
(4) (dd/mm/yyyy – dd/mm/yyyy) (start and end dates of internship)

This form should be filled digitally, printed-out, stamped and signed with a preferably blue pen. It can be later scanned and sent to the student and the head of the Faculty's internship commission (ozden@istanbul.edu.tr) via e-mail.

REPUBLIC OF TÜRKİYE ISTANBUL UNIVERSITY
STUDENT INTERNSHIP FORM

To whom it may concern;
Our faculty students are required to complete internships in companies and/or institutions before their graduation. On behalf of Istanbul University Faculty of Aquatic Sciences, we would like to thank you for your interest in allowing our student, whose information is given below, to complete his/her internship at your organization, and we wish you success in your work.



STUDENT INFORMATION

Full Name			
Student Number		Faculty	Faculty of Aquatic Sciences
Academic Year		Phone Number	
Turkish ID Number		Place of birth	
Father's Name		Date of birth	
Mother's Name		E-mail	
Residential Address			

INTERNSHIP WORKPLACE

Name					
Address					
Production/Service Area					
Phone Number			Fax (if possible)		
E-mail adresi			Website		
Internship start date	DD/MM/YYYY	End date	DD/MM/YYYY	Duration	(workdays)

AUTHORIZED PERSON

Name Surname			
Position and Title		Signature	
E-mail			
Date		Stamp	

I declare that the information on this document is accurate, and that if I withdraw from the internship for any reason or if the internship start and end dates change, I will notify the relevant authorities at least 5 (five) business days in advance; otherwise, I accept all administrative and legal responsibilities that may arise, and I acknowledge that any sanctions imposed against the University due to my failure to comply with these commitments may be recourse to me. **Student's full name, signature, date**	Date: **Head of the faculty Internship Committee,** **Full name and signature**	Date: **Dean of Istanbul University** **Faculty of Aquatic Sciences** **Full name and signature**