

Internship students are included in the short-term insurance branches with the relevant articles of the law no. 5510 and are insured against work accidents and occupational diseases, with their premiums covered by our university. We would like to thank you for your contribution to the professional development of our student by allowing him/her to do an internship at your institution.

ISTINYE UNIVERSITY STUDENT CENTER DEPARTMENT- CAREER CENTER

REMEMBER!

- To complete this form in 3 copies,
- To receive your approvals in the following order;
1) The Internship Institution 2) Your Head of Department/Program 3) Dean / Director of Vocational School 4) Career Center
- To have a copy of your identity card when you come to submit the forms to the Career Center,
- To complete all your procedures and submit the forms to the Career Center at least 10 days and at most 30 days before starting the internship.

STUDENT INFORMATION**NAME SURNAME:****ID NUMBER:****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 Date: End Date:

INFORMATION ABOUT INSTITUTION

NAME:

PRODUCTION / SERVICE AREA:

UNIT / DEPARTMENT:

E-MAIL:

PHONE NUMBER:

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	CAREER CENTER
Students' documents and approvals have been completed. NAME SURNAME: DATE: SIGNATURE:	Internship is appropriate for the student. NAME SURNAME: DATE: SIGNATURE:	Internship is appropriate for the student. NAME SURNAME: DATE: SIGNATURE: