**DECLARATION AND LETTER OF COMMITMENT**

**ANNEX 2**

I am a student of Fenerbahçe University, ............ Faculty/Vocational High School, ............ Department/Program. I would like to work in .............................. unit/workplace as a Part-Time Student/Intern Student in accordance with Article 5/b of Law No. 5510.

I receive health services from my family, through my mother/father, under the general health insurance. Therefore, it is not accepted to be covered by general health insurance during my partial permanent work or internship.

I do not receive health services under the general health insurance from my family, through my mother/father. Therefore, I accept to be covered by general health insurance during my partial permanent work or internship.

I agree that I will immediately notify you of any changes in the status of our declaration, and I undertake to pay any premiums, administrative fines, late payment penalties and late payment interests that may arise from errors or omissions in my declaration.

Name and Surname:

Turkish Identity Number:

Department :

Student Number :

Signature :

Date :