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| **FENERBAHÇE UNIVERSITY**  **FACULTY OF PHARMACY**  **INTERNSHIP APPLICATION AND ACCEPTANCE FORM**  **ANNEX 1** | | PHOTOGRAPH |
| Our student, who is studying at our faculty and whose identity information is written below, wants to do his/her internship in your institution/organization on the dates specified. In accordance with Law No. 5510, the "Work Accident and Occupational Disease Insurance" required for our student during the internship period will be covered by our University in accordance with the law. | | |
| Name and Surname: | | |
| Class: | | |
| Student Number: | | |
| Turkish Identity Number: | | |
| SSI Number: Bag-Kur Number: Pension Fund Number: | | |
| Address: | | |
| GSM: | | |
| Education and Training ………………year …………. Semester | | |
| Institution (where the internship application will be held): Duration (Working Day): …… **day** | | |
| Internship Start and End Date: | | |
| **TO THE PRESIDENCY OF THE INTERNSHIP COMMISSION,**  I would like to do an internship for **……** working days between the dates mentioned above. I undertake that if I leave my internship before the end of ……. working days due to any excuse, I will inform the Presidency of the Commission within 2 (two) working days at the latest, otherwise, I accept the penal obligations arising in accordance with the Social Insurance and General Health Insurance Law No. 5510. I kindly request your information.  **Name and Surname:**  **Signature:** | | |
| **THE OFFICIAL WHO APPROVES ON BEHALF OF THE INSTITUTION;**  It is appropriate for the student whose name and information are written above to do a ….. working day internship in our institution.  **Institution/ Organization** Name:  Address:  **Individual Responsible**  Name and Surname:  Date: Stamp:  Signature: | | |
| **TO FENERBAHÇE UNIVERSITY HUMAN RESOURCES DIRECTORATE,**  It is appropriate for the Faculty of ……………. student whose identity and school information is given above to do an internship at ……………………. (Institution Name) for the specified number of working days.  I kindly request your information.  **………………………….. Chairman of the Commission** | | |
| **FACULTY SECRETARY** | **DEAN** | |