 <b>FBÜ</b> FENERBAHÇE ÜNİVERSİTESİ	<b>VOCATIONAL SCHOOL OF HEALTH SERVICES INTERNSHIP NOTEBOOK</b>	<b>Document Code</b>	FR.SHMYO.09
		<b>Date of Publication</b>	28.05.2025
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		<b>Revision No</b>	00
		<b>Confidentiality Level</b>	Internal Only



## VOCATIONAL SCHOOL OF HEALTH SERVICES

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### PROGRAM INTERNSHIP NOTEBOOK

**Student Name Surname:**


**Student ID Number:**

**Class:**

	PREPARED BY	CHECKED BY	APPROVED BY
<b>Title</b>	Directorate of Vocational School of Health Services	Strategy and Quality Directorate	SECRETARY GENERAL
<b>Signature</b>			

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## Student Information

<b>Student Name Surname</b>	
<b>Student ID Number</b>	
<b>Program</b>	
<b>Academic Year</b>	
<b>Course Code-Name</b>	
<b>Class</b>	
<b>Name of the Institution</b>	
<b>Internship Start Date</b>	
<b>Internship Completion Date</b>	
<b>Number of Internship Days</b>	

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Date	Working day
<b>Name/Description of the Work Performed</b>	
<b>Student's Signature</b>	<b>Signature of the Institution / Institution Manager</b>

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