

Student Information

 **Photograph**

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| **Student ID** |  |
| **Name, Surname** |  |
| **Department (1. program for double major students)** |  | **Last Registered Semester (4/5/6/7/8)** |  |
|  **Phone Number** |  |  **E-mail Address** |  |
| **Internship Type**  | **Hardware □** | **Software □** |
|  **Official Start of the Internship** |  |
| **Official End of the Internship** |  |
| **Total Number of Internship Workdays (excluding Saturdays-Sundays, and official holidays)** |  |

Internship Place Business Information

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| **Commercial Title** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Fax No.** |  |
| **Web Address** |  |
| **The Signature and Stamp of the Internship Place Official**  |  |

Internship Commission Review

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| --- | --- | --- | --- |
|  | **Name, Surname** | **Signature** | **Date** |
| **Chairperson** |  |  |  |
| **Member**  |  |  |  |
| **Member**  |  |  |  |

SUMMARY TABLE OF INTERNSHIP WORKDAYS

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| **Workday No.** | **Date** |  **Name/Description of Work**  |
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| **DATE** |  | **WORKDAY** |  |
| **NAME/DESCRIPTION OF WORK** |  |

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| **Name, Surname/Title of the Internship Place Official** | **Signature and Stamp**  |
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