

**T.R.**  
**ESKİŞEHİR TECHNICAL UNIVERSITY**  
**FACULTY OF AERONAUTICS AND ASTRONAUTICS**

Your Faculty's ..... Department student whose ID information is ..... has quit his/her ..... day obligatory/optional internship on the date of ..... due to the excuse stated above.

Kindly submitted for your necessary action to initiate the Social Security termination procedures as of ....../..../20....

.../.../20...

(Date/Signature/Stamp)

.....

Title and Name–Surname of the Institution/  
Organization Authorized Person for Internship

Attachments (if applicable)