

T.R.
ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF AERONAUTICS AND ASTRONAUTICS
INTERNSHIP APPLICATION FORM – 1/2

ID INFORMATION OF THE STUDENT

NAME–SURNAME	
DEPARTMENT	
ID NUMBER	
CLASS/SEMESTER	
MOBILE PHONE NUMBER	
E–MAIL ADDRESS	@

INTERNSHIP INFORMATION

NAME OF THE INTERNSHIP PLACE	
INTERNSHIP ORGANIZATION ADDRESS	
INTERNSHIP START DATE	
INTERNSHIP COMPLETION DATE	
INTERNSHIP DURATION	

STUDENT DECLARATION

I hereby declare and confirm that the information and record(s) submitted as indicated above are correct and I will carry out my internship according to the Internship Directive of the Faculty of Aeronautics and Astronautics./...../.....
	Signature

EVALUATION OF THE INTERNSHIP COMMISSION OF THE DEPARTMENT

IT IS APPROPRIATE/NOT APPROPRIATE to have daily compulsory internship of the student in above <u>institution/organization</u>/...../.....
	Signature

T.R.
ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF AERONAUTICS AND ASTRONAUTICS
INTERNSHIP APPLICATION FORM – 2/2



Subject: Internship Application

To Whom It May Concern,

Students of the Faculty of Aeronautics and Astronautics are required to complete an internship at institutions /organizations pertaining to their education. As per the sub-paragraph (a) of the second paragraph of article 13 of the Turkish Social Insurance and General Health Insurance Law No. 5510, in the event that an occupational accident occurs, our faculty have to be notified.

If our student, whose information and record(s) are given below, is accepted as an intern in your company for days, please fill in and confirm the required fields of this form below and send it back to our faculty.

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ID INFORMATION OF THE STUDENT		
Name-Surname, Middle Initial		
ID No/Passport No		
Registered Department/Program		
(...) Department of Avionics (...) Department of Airframe and Powerplant Maintenance (...) Department of Air Traffic Control (...) Department of Aviation Management (...) Department of Flight Training		
Class/Term		
Address		
Mobile Telephone Number		
E-mail @		
INFORMATION ABOUT INTERNSHIP PLACEMENT		
Name of Institution/Office		
Address		
Telephone/E-mail	Tel:	E-mail:
Web Address		
I hereby declare and guarantee that the information and record(s) submitted as indicated above are correct and I will carry out.....days internship programme and in case I fail to start or have to withdraw from the internship programme or have made any changes to my internship. I will submit the " <i>Internship Site Change/Cancellation Form</i> " to Faculty's Student Affairs at least 10 days in advance.		
Student's Signature/...../.....		
IT IS APPROPRIATE/NOT APPROPRIATE to have day internship of the student in our institution/organization whose ID information is above. INTERNSHIP START DATE :/...../..... Days: INTERNSHIP END DATE :/...../.....		Head of Internship Commission Name-Surname: Date:/...../..... Signature
Institution/Organization or Authorized Person Name-Surname: Date:/...../..... Signature Stamp/Seal		

ATTENTION: This form must be prepared/ approved in *two original copies* (one copy for the Institute/Organization, one copy for the Departmental Internship Commission.) and must be delivered to Eskişehir Technical University, Faculty of Aeronautic and Astronautics Student Affairs Office by the student as soon as possible before the internship start. Otherwise this form will not be accepted.