



**TR
KARADENİZ TECHNICAL
UNIVERSITY
INTERNSHIP APPLICATION FORM
TO THE RELEVANT AUTHORITY**

Photograph

A student of the Department of Electrical and Electronics Engineering of the Faculty of Engineering of our university has requested to do an internship at your institution/ workplace for ... days. Within the scope of Social Insurance and General Health Insurance Law No. 5510, the work accident and occupational disease insurance premium to be paid during the internship and the general health insurance premium will be covered by our university.

Student's Information

Name Surname			
Student ID		Department/Class	
e-mail		Telephone No	
Residence Address			

Student's Registration Information

TR Identity No		Father's Name	
Document No		Mother's Name	
Name		Place of Birth	
Surname		Date of Birth	

Information of the Place of Internship

Name of Institution /Organization			
Address			
Production/Service Area			
Telephone No		Fax No	
e-mail		Website	
Internship Start Date		End Date	Duration (days)

Authorized Person Information of the Place of Internship

Name Surname		(Stamp/Signature/Date)
Position and Title		
e-mail		

STUDENT	INTERNSHIP COMMITTEE
I declare that informations on the document are correct.	
Signature: Date:	Signature: Date:

- Annex :** 1- Health provision certificate
2- Family health benefit inquiry document
3- Copy of identity card (one side, back and front)

NOTE: The form must be submitted to the Internship Commission at **least 30 days before** the start of the internship. **The form to be delivered is prepared as 2 original copies.** One copy will be delivered to the Internship Commission and one copy will be delivered to the Health, Culture and Sports Department.

Address: Karadeniz Technical University Health, Culture and Sports Department TRABZON
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