REPUBLIC OF TURKEY

BOLU ABANT İZZET BAYSAL UNIVERSITY

Faculty of Engineering   
Department of Electrical and Electronics Engineering

BOLU

TO WHOM IT MAY CONCERN

According to 2547 numbered Higher Education Law and Practice Guidelines of our faculty, the students must fulfill their obligations of basic vocational training in your company/institution at both the end of 2nd and 3rd class for 20 working days (total 40 working days). **During the internship period according to 5510 numbered GSS Law 5/b article and 87/e paragraph of the same law, the insurance against accident and occupational diseases, and payment of insurance premiums will be paid by our institution.**

I kindly request you to provide necessary convince for our students to do internship at your company/institution for 20 working days.

Best regards,

**Prof. Dr. Erdal BEKİROGLU**

**Head of Department**

MANDATORY INTERNSHIP APPLICATION FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EDUCATION AND TRAINING INFORMATION OF STUDENT | | | | | | | |
| Student Number |  | | | | | | **Photograph**  Photo |
| Department |  | | | | | |
| Education year/class |  | | | | | |
| Internship period | Semester | | | Summer | | |
| Internship type | Internship I | | | Internship II | | |
| Start date of internship |  | | | | | |
| End date of internship |  | | | | | |
| IDENTIFICATION AND ADDRESS INFORMATION OF STUDENT | | | | | | | |
| Name and Surname |  | | Adress | |  | | |
| T.C.Identification number |  | |
| Father Name |  | |
| Mother Name |  | | Home phone | |  | | |
| Place of birthday |  | | Mobil phone | |  | | |
| Date of birth time |  | | E-Mail | |  | | |
| THE PLACE OF WORK TO DO AN INTERNSHIP | | | AUTHORIZED | | | | |
| Name |  | | Name and Surname | |  | | |
| Adress |  | | Title | |  | | |
| Field of Activity |  | | Duty Area | |  | | |
| Total number of employees |  | | Phone | |  | | |
| Phone |  | | E-Mail | |  | | |
| Fax |  | | Date  Signature/Stamp | |  | | |
| E-Mail |  | |
| STUDENT SİGNATURE | | TRAINING COMMISSION CHAIRMAN | | | | FACULTY APPROVAL | |
| *I declare the accuracy of information in this document; I have committed you to do my internship in the company described explicitly within information above. Thus, I kindly request the preparation of the internship documents related to the institution/company.*  Date:  Signature: | | Date:  Name and Surname:  Signature: | | | | Date:  Name and Surname:  Signature: | |

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