

INTERNSHIP/PRACTICE LOCATION and ACCEPTANCE FORM

Delivery Date: .….. / ... / 2023......

The identity information of our student \*, who will perform her/his internship/practice in your institution, is below within the framework of the principles set out in the Üsküdar University Associate, Undergraduate, and Graduate Internship Directives. In the event that its acceptance is deemed appropriate, I kindly request that the form to be arranged and delivered to the student.

...............................................

(Title, Name, Surname, Signature

(To be signed by your Internship Coordinator)

\* Insurance Premiums of the Occupational Accidents And Professional Diseases will be covered by our university between the dates the student performs the internship/practice. The student does not have an internship in a different institution concurrently with the application made to you.

* STUDENT INFORMATION (To be filled by the student)

|  |  |  |  |
| --- | --- | --- | --- |
| TR. IDENTITY NUMBER |  | CELL  PHONE  NUMBER |  |
| NAME-SURNAME |  | | |
| STUDENT NUMBER |  | | |
| FACULTY/INSTITUTE/VSHS |  | | |
| DEPARTMENT/PROGRAM |  | | |
| CLASS/STUDY TYPE |  | | |

* INTERNSHIP / PRACTICE TYPE AND DURATION (To be filled by the student)

|  |  |
| --- | --- |
| PRACTICE IN FALL SEMESTRE  (COMPULSORY) | PRACTICE IN SPRING SEMESTRE  (COMPULSORY) |
| INTERNSHIP ( ….. workdays)  (COMPULSORY) | VOLUNTARY INTERNSHIP |

|  |  |
| --- | --- |
| INTERNSHIP / PRACTICE DATES | Start Date: 14/06/2023 Expiration Date: 30/9/2023 |
| DAYS FOR INTERNSHIP / PRACTICE | 20 |
| Is she/he dependent on parents? | YES NO |

* INSTITUTION INFORMATION FOR INTERNSHIP (To be filled by the institution)

|  |  |
| --- | --- |
| INSTITUTION NAME | EARTECH DANIŞMANLIK LİMİTED ŞİRKETİ |
| ADDRESS | KAR Plaza Defterdar, Otakçılar Cd. No:78, 34050 Eyüpsultan/İstanbul, Türkiye |
| PHONE NUMBER | +90 535 313 6750 |
| AUTHORIZED PERSON/TITLE | Samer AlZaaim  Professional Service Manager |

A copy of this approved form will remain with the student and the original form will be submitted to the Career Center Directorate at the latest 5 working days before starting the internship. It is the student's responsibility to obtain a copy of the approved form.

Approved

...............................................

(Authorized Institution, Signature, Stamp)

We declare that all personal data shared in this form will be stored, processed and compiled within the framework of the Law no. 6698 and Üsküdar University Clarification Text. For detailed information, you can visit https://uskudar.edu.tr/tr/kisisel-verilerin-korunmasi .

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