

 İZMİR INSTITUTE OF TECHNOLOGY

Faculty of Engineering

 Environmental Engineering Department

**INTERNSHIP APPLICATION FORM**

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| **Name - Surname** |  | Please stick here a passport photo of yourself taken in the last 6 months |
| **Faculty** | Faculty of Engineering |
| **Department** | Environmental Engineering |
| **Class Year** |  |
| **Student Number** |  |
| **Passport / ID Number** |  |
| **GSM No** |  |
| **E-mail** |  |

 Our student with the information given above has to complete a compulsory internship to graduate from our undergraduate program. We thank you in advance for your consideration of our student to carry out her/his internship in your company for 20 working days, which will develop her/his practical skills and knowledge.

 In case you accept our student to carry out her/his internship in your company, please inform our department at least 15 days before the start of the internship.

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| --- | --- |
| **Department Internship Coordinator** | **Head of Department** |
| Prof. Dr. Orhan Gündüz | Prof. Dr. Sait Cemil Sofuoğlu |
|  |  |
| Date | …../…../202.. |

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| --- | --- | --- |
| **Name of the Company/ Corporation/Institution** | **Address** | **Contact Number** |
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| **Starting date of the Internship** | **End date of the Internship** | **Duration of the Internship** |
| (Working days) |
| …../…../202.. | …../…../202.. | 20 |

\* Public holidays, weekends, and half working days are not included in the internship period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer or Authorized Person** | **Name Surname** | **Position and Title** | Signature, Stamp and Date |
|  |  |

Contact: Department Chairmanship Tel: 0 (232) 750 6800 Fax: 0(232) 750 6801

Department Internship Coordinator Tel : 0 (232) 750 6857