

**FIRAT UNIVERSITY FACULTY OF ENGINEERING**

**To the Head of the Department of Chemical Engineering**

**COMPULSORY INTERNSHIP FORM**

TO WHOM IT MAY CONCERN

Our faculty's Chemical Engineering Department students are required to do an internship of 20/40 working days until the end of their education. We would like to thank you for your interest in our student, whose insurance will be provided by our University in accordance with the law numbered 5510, and whose identity information is given below, to do his internship at your institution.

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Prof. Dr. Filiz KAR

Head of Department

|  |  |
| --- | --- |
| Student's Name Surname |  |
| Student Number |  |
| Residence Address |  |
| Phone Number |  |

**Student's Population Registration Information (**This part will be filled by the student**)**

|  |  |  |
| --- | --- | --- |
| **Surname** |  | |
| **Name** |  | |
| **Father's Name** |  | |
| **Mother's Name** |  | |
| **Place of Birth** |  | |
| **Date of Birth** |  |  |
| **Email** |  |  |
| I undertake that the information on this document is correct and that I will do my internship at the specified place and time.  Student Signature: | | |

**Place of Internship**

|  |  |
| --- | --- |
| **Name of Institution/Organization** |  |
| **Address** |  |
| **Internship Start Date** |  |

**Employer or Authorized Person**

|  |  |  |
| --- | --- | --- |
| **Name and Surname** |  | **Workplace Stamp/Signature/ Date** |
| **Position:** |  |