



T.C.
ÇANAKKALE ONSEKİZ MART UNIVERSITY
Engineering Faculty
Computer Engineering Department
Head of the Commission on Applied Training and Internships



Date:

TO BE FILLED OUT BY THE STUDENT

<u>Student Name Surname:</u>	<input type="text"/>	Passport Photograph of the Student
<u>Student School ID Number:</u>	<input type="text"/>	
<u>Start Date of the Internship:</u>	<input type="text"/>	
<u>End Date of the Internship:</u>	<input type="text"/>	
<u>Full Working Day Count:</u>	<input type="text"/>	

Dear Official,

The request of our student to do an internship in your institution was deemed appropriate. I would like to thank you for giving our students the opportunity of internship at your institution. Internship constitutes an important part of the technical education of the student. Therefore, I request that our students be followed closely during their internship, pay attention to comply with the relevant laws, rules and in-house disciplines, and send the following registration information to our institution at the end of the internship. After the student's internship is over, I request that a copy of this document be filled in and delivered to the student in a sealed envelope, and the second copy should be kept in your institution.

Best regards,

**Chairman of the
Commission**

THIS SECTION WILL BE FILLED BY THE INSTITUTION OF INTERNSHIP

Evaluate the student's internship and tick the appropriate box, taking into account the criteria such as attendance, diligence, interest and desire to learn, adaptation to teamwork, and workplace discipline. *: Thoughts can be given as a separate page in the appendix.	EVALUATION			
	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Insufficient <input type="checkbox"/>

<u>Institution Name:</u>	<input type="text"/>	Date Official's Signature Company Stamp
<u>Institution Open Adress:</u>	<input type="text"/>	
<u>Offical's Name Surname:</u>	<input type="text"/>	
<u>Offical's Phone Number:</u>	<input type="text"/>	
<u>Offical's E-mail Adress:</u>	<input type="text"/>	

TO BE FILLED OUT BY THE COMMISSION

This internship application has been accepted.

This internship application has been rejected.

Commission Member:

Commission Member:

Date
Signature

Date
Signature

Appendix:
