



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



Date

It has been deemed appropriate for , student number  of your department, to do an internship at your company between the dates of  and ,  days a week. We kindly submit the necessary documents for your information.

**STUDENT'S:**

National ID Number:

Phone Number:

Internship implementation format: ☐ At a office ☐ Online ☐ Hybrid

**INSTITUTE:**

Name and Open Address:

Field of Activity:

*In this field, standardized categories such as NACE, GISC, ICB, NAISC, ISIC are accepted. The field of activity code and description must be written.*

Number of Technical Staff and Workers:

Title, Name and Surname of Manager:

**Company Stamp**

**Management Signature**