



**REPUBLIC of TÜRKİYE**  
**ÇANAKKALE ONSEKİZ MART UNIVERSITY**  
**Engineering Faculty**  
**Computer Engineering Department**  
**Head of the Commission on Applied Training and Internships**



Date  
(dd/mm/yyyy)

It has been deemed appropriate for student ....., student number ..... from your department, to complete an internship at our institution/organization between..... and ....., for ..... days a week. We respectfully submit this information for your consideration.

**STUDENT**

Turkish Republic Identity Number:  
(if have any, else write nationality in English)

Phone Number: + (     )

Internship Implementation Format:  
(In the office, online, or hybrid)

**INSTITUTION / ORGANIZATION**

Name of the Institution where the internship will be completed:  
(Also include the country and province/state where the institution is located)

Field of Activity:  
(In this field, standardized categories such as NACE, GISC, ICB, NAISC, and ISIC are accepted. The activity area code and description must be written.)

Number of Technical Staff and Workers:

**\*\*Article (10), Paragraph (2):** At least 1 (one) Computer Engineer, Electrical Engineer, Electronics Engineer, Electronics and Communications Engineer, Electrical Electronics Engineer, Software Engineer or Mechatronics Engineer with a bachelor's degree must be working in the permanent staff at the internship location to conduct and approve internship studies, otherwise the internships will not be accepted.

**Institution Official's  
Signature and/or Stamp**

**Responsible Person's\*\*  
Signature and/or Stamp**