|  |  |
| --- | --- |
| Student ID: |  |
| Full name: |  |
| Student Citizenship ID No: |  |
| Student Telephone No: |  |

**Related information about workplace:**

|  |  |
| --- | --- |
| Company / Firm name: |  |
| \*Telephone: |  |
| \*Website: |  |
| Representative Full name: |  |
| \*Email: |  |
| Company / Firm Address: |  |
| Basic field of work: |  |

|  |
| --- |
| **information about the Internship Position is provided in the attached “Internship Job Description”** |

|  |  |  |
| --- | --- | --- |
| Trainee’s Starting Date: | Trainee’s Finishing Date: | Total Duration (working days) |
|  |  |  |

|  |
| --- |
| Company/Firm Authority:  Name /Surname: Signature:  Date: |

|  |
| --- |
| The workplace is approved for the internship.  Instructor Full name: Signature:  Date: |