T.C.
ISTANBUL NISANTASI UNIVERSITY
Career Center and Alumni Coordination Office

INTERNSHIP COMMITMENT

As an intern student, I want to work under Article 5/b of Law No. 5510. **I am ( ) / I am not ( )** receiving healthcare services under General Health Insurance through my family (Mother/Father).

I accept the accuracy of my declaration. I accept, declare, andundertake that in case of a change in my situation or in the event of an accident at the workplace, I will notify the relevant academic unit and the Career Center and Alumni Coordination Office with in **one (1) business day** and that all responsibility will rest with me for any consequences arising from not reporting incomplete and/or incorrect information on time.

☐ I **accept** being covered by Work Accidentand Occupational Disease Insurance during my work or internship.

☐ I **do not accept** being covered by Work Accident and Occupational Disease Insurance during my internship.

STUDENT'S	
Identity Number	
Name-Surname	
Department School	
School Number	
Email Address	
Phone Number	
Date	
Signature	

- Before filling out this form, please check whether you are covered under GSS (General Health Insurance) via the Health Provision Activation System (SPAS Eligibility Inquiry) using your e-Government password.
- This form must be completed, and the relevantoption must be selected. After signing, it should be submitted to the Career Center and Alumni Coordination Office.
- It is strongly reminded that without submittingthisdeclaration, SGK registration cannot be made, and internship procedures cannot be initiated.

All personal data shared in this form will be stored, processed, and compiled in accordance with the relevant legislation of Law No. 6698 and the Istanbul Nisantasi University clarification text. For more information, you can visit https://www.nisantasi.edu.tr/sayfa/kisisel-veriler-kvkk-921828.