

İSTANBUL NISANTASI UNIVERSITY INTERNSHIP APPLICATION FORM

Delivery Date: / / 20.....

(Write the date you submitted the form.)

In accordance with the principles set forth in the Istanbul Nişantaşı University Associate Degree and Undergraduate Internship Guidelines, the student's personal information is provided below. If the student's application is deemed suitable, I kindly request that you complete this form and deliver it to the student.

.....
(Title, Name-Surname, Stamp, Signature)

(This will be signed and stamped by your advisor.)

The student's Occupational Accident and Disease Insurance Premiums for the specified dates will be covered by our University. The student is not currently undertaking any vocational training/practice/internship at another institution concurrently with their application to you.

STUDENT INFORMATION (To be filled out by the student.)

IDENTITY NUMBER	PHONE NUMBER
NAME-SURNAME	
BORN PLACE	
DATE OF BIRTH	
HIGH SCHOOL GRADUATION YEAR	
STUDENT NUMBER	
FACULTY	
DEPARTMENT / PROGRAM	
CLASS	

INTERNSHIP TYPE (Please fill out the internship type form after consulting with your advisor.)

☐ PROFESSIONAL PRACTICES AT WORK (IMU)	☐ VOLUNTEER INTERNSHIP (FACULTY)
☐ VOCATIONAL TRAINING / PRACTICAL COURSES (Faculty of Social Sciences - Vocational School of Health Sciences - Medicine - Dentistry)	☐ COMPULSORY INTERNSHIP (FACULTY)

START DATE: / /

END DATE: / /

TOTAL DATE

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Do you benefit from health insurance services through yourself or your family (parents)? ☐ Yes ☐ No

INSTITUTION INFORMATION (To be filled in by the institution.)

INSTITUTION NAME	
ADDRESS	
PHONE NUMBER	
AUTHORIZED PERSON / TITLE	

A copy of this approved form will remain with the student, and the original form must be submitted to the Career Center and Alumni Relations Office at least **5 business days before the internship begins**. It is the student's responsibility to obtain a copy of the approved form.

Approved.

Approved.

.....
(Career Center and Alumni Office Stamp/Signature)

.....
(Authorized Institution Stamp/Signature)

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>.