ISTANBUL NISANTASI UNIVERSITY

APPLICATION FORM FOR PROFESSIONAL TRAINING, PRACTICAL COURSE, AND INTERNSHIP IN BUSINESS

Submission Date: …./ ... / 20....
(Please write the day you submit the form)

The identity information of our student is provided below within the framework of the principles determined in the Istanbul Nisantasi University Associate and Undergraduate Internship Directive. If deemed appropriate for acceptance, I kindly request that this form be completed by you and returned to the student.

.....
(Title Name Surname Signature)
(To be signed by your advisor)

The Work Accident and Occupational Disease Insurance Premiums for the student during the specified dates will be covered by our University. The student does not have any other professional training/practical course/internship at a different institution simultaneously with this application.

STUDENT INFORMATION (To be filled by the student)

NATIONAL ID NO.	
NAME-SURNAME	
PLACE OF BIRTH	
HIGH SCHOOL GRADUATION YEAR	
STUDENT NO.	
PHONE NUMBER / E-MAIL ADDRESS	
FACULTY/SCHOOL	
DEPARTMENT/PROGRAM	
CLASS AND TYPE OF STUDY	

TYPE (Please fill in this section with information from your advisor)

☐ PROFESSIONAL PRACTISE (INTERNSHIP) / WORKING İN A FIRM AS PERMANENT EMPLOYEE	☐ VOLUNTARY INTERNSHIP (FACULTY- SCHOOL)
☐ PROFESSIONAL TRAINING / PRACTICAL LESSON (DİŞ - SBF - SHMYO - TIP)	☐ MANDATORY INTERNSHIP (FACULTY- SCHOOL)

START DATE: ..... /…../……. **END DATE:** …../…../……. **TOTAL …… WORK DAYS**

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

Do you benefit from Health Insurance services through your parents (mother or father)? ☐ Yes ☐ No

INSTITUTION INFORMATION (To be filled by the institution)

INSTITUTION NAME	
ADDRESS	
PHONE NUMBER / E-MAIL ADDRESS	
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 Coordination at least 5 business days before starting. It is the student's responsibility to keep a copy of the approved form.

Approved by:

……
(Career Center and Alumni Coordination Signature/Stamp)

Approved by:

……
(Authorized Institution Signature/Stamp)

We declare that all personal data shared in this form will be stored, processed, and compiled within the rules determined by the relevant legislation of Law No. 6698 and the Istanbul Nisantasi University clarification text. For detailed information, please visit https://www.nisantasi.edu.tr/sayfa/kisisel-veriler-kvkk-921828.