



<b>DOKÜMAN ADI</b> <b>İŞBAŞINDA EĞİTİM TALEP FORMU</b> <b>(INTERNSHIP REQUEST FORM)</b>	<b>DOKÜMAN NO</b>	<b>ZTYO.FR.27</b>
	<b>YÜRÜRLÜK NO/TARİH</b>	<b>01/01.08.17</b>
	<b>REVİZYON NO/TARİH</b>	<b>00/01.08.17</b>
	<b>SAYFA NO</b>	<b>1/1</b>

T.C.

**BURDUR MEHMET AKİF ERSOY UNIVERSITY**

**BUCAK ZELİHA TOLUNAY APPLIED TECHNOLOGY AND BUSINESS SCHOOL**

**TO THE ..... DEPARTMENT INTERNSHIP COMMISSION**

I'm a student of the ..... Department,  
..... Class with the student number of  
..... at your vocational school. I kindly request you to review my situation  
for the ...../..... Academy year in order to the my internship according to  
the following priority order.

Kindly submitted for your information.

I haven't failed classes due to absence during fall semester at 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> grades. (Yes  / No  )

I haven't failed classes due to absence during fall semester at 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> grades. (Yes  / No  )

Name / Surname:

Date: .....

Signature:

**The contact information of the Institution/business I would like to do my intership at:**

No	Name of the Institution	Department/Unit	Adress	Province/City	Phone Number	Residential Adress of the Student
1.						
2.						
3.						

\*This area is to be filled with a minimum of 1 and maximum of 3 institutions/businesses.

The student \*may/\*may not do internship

The businessstudent is eligible to do intership: .....

Approved by

Name & Surname:

Signature :