



DOKÜMAN ADI İŞBAŞINDA EĞİTİM KABUL FORMU (INTERNSHIP ACCEPTANCE FORM)	DOKÜMAN NO	ZTYO.FR.25
	YÜRÜRLÜK NO/TARİH	01/01.08.17
	REVİZYON NO/TARİH	00/01.08.17
	SAYFA NO	1/1

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 school. The application I have made in order to do internship at is accepted by the business/institution. The official internship acceptance document of the corresponding institution/business is enclosed herewith.

Kindly submitted for your information.

Name/Surname:

Date :

Signature :

STUDENT'S

Name/Surname :
Number :
Department :
E-mail :
Mobile Number :

THE INTERNSHIP BUSINESS/INSTITUTION'S

Name :
Address :
Phone Number :
Fax :
Internship Unit :
Supervisor :
Contact Person :

INTERNSHIP'S

Start Date :
Ending Date :

Your student's application to do internship at our institution/business is **Accepted.**

AUTHORIZED PERSON'S

Name & Surname :
Date :
Signature :
Institution Seal :