

Please, paste a photo taken within the last 6 months

AFYON KOCATEPE UNIVERSITY

FACULTY OF TOURISM

INTERNSHIP APPLICATION/ACCEPTANCE FORM

***Dear Sir/Madam;***

The students of our faculty are obliged to do internship for 60 working days until the end of the education period. We’d like to thank you in advance for your interest in doing our student’s internship in your organization for ……… working days.

STUDENT’S

|  |  |
| --- | --- |
| Name&Surname |  |
| Student Number |  | Education Year/Term |  |
| E-mail |  | Phone number |  |
| Permanent Adress |  |
| COMPANY’S |
| Name  |  | Authorized Person’sName & SurnameSignature & Stamp |
| Adress |  |
| Phone number |  |
| Fax number |  |
| E- mail |  |
| Web Adress |  |
| Starting date of training  | ……… **/** ……… **/** ………… | Training Period………. (Working day) |
| Finishing date of training | ……… **/** ……… **/** ………… |
| STUDENT’S APPROVAL | ADVISOR’S APPROVAL | FACULTY APPROVAL |
| I declare that the information on the document is correct, I respectfully submit the preparation of the tranining documents for the said company that I have committed to do internshipDate:Signature: | Application forms are filled in completely and correctlyDate:Signature: | Internship entry process was made to Social Security InstitutionDate:Signature: |

ATTENTION: This document must be submitted to the Advisor along with a photocopy of the ID at least 15 days before the start of the internship.

In the event that I have an occupational accident during the internship, I undertake to notify the Dean of the Faculty of Tourism within 3 (three) days. Otherwise, all responsibility belongs to me.

**Student’s;**

 **Name & Surname Signature**