



TURKISH REPUBLIC
HALIÇ UNIVERSITY
ERASMUS COMPULSORY INTERNSHIP / PROFESSIONAL PRACTICE FORM

To Whom It May Concern,

The students in the department/program of at our university are required to complete an internship or professional practice at institutions and businesses before the end of their study period due to the necessity of our educational programs.

If the student undergoing an internship or professional practice is accepted at your institution, the student will be responsible for initiating and notifying his / her insurance in accordance with the Turkish Social Insurance and General Health Insurance Law Code (No. 5510).

Thank you for your concern regarding the internship/professional practice of our student, whose information is provided below, in your institution for working days, and we wish you success.

HEAD OF THE DEPARTMENT / PROGRAM

STUDENT INFORMATION

Turkish ID Number		Academic Year	
First Name		Student ID Number	
Last Name		Place of Birth	
Father's Name		Date of Birth	
Mother's name		E-mail address	
Nationality		Phone Number	
Residence Address			

INSTITUTION WHERE THE INTERNSHIP / PROFESSIONAL PRACTICE IS DONE

Name					
Address					
Production / Service Area		Risk Range			
Phone Number		Fax Number			
E-mail address		Website address			
Starting date of Internship / Professional Practice / / 202...	End date of Internship / Professional Practice / / 202...	Duration of Internship / Professional Practice	

NOTE: Internship/ Professional Practice starting and end date should be written by calculating midterm exams, final exams, official-religious holidays and week

EMPLOYER OR HIS/ HER DEPUTY

First and Last Name		Signature/ Stamp	
Position or Title			
E-mail address			
Date			

STUDENT'S SIGNATURE	APPROVAL OF DEPARTMENT/ PROGRAM	APPROVAL OF FACULTY /VOCATIONAL SCHOOL	APPROVAL
I declare that the information on the document is correct, and I respectfully submit to the preparation of the internship / professional practice documents related to the aforementioned institution / company that I undertake to do internship / professional practice. Date: / / 202...	Head of Commission of Internship / Professional Practice of Department / Program First Name-Last Name / Title/ Stamp-Signature Date: / / 202...	Internship / Professional Practice Faculty / Vocational School Coordinator First Name-Last Name / Title/ Stamp-Signature Date: / / 202...	University Internship / Professional Practice Coordinatorship The entry process to start internship / professional practice has been made to the Social Security Institution. Date: / / 202...

IMPORTANT NOTE 1: This document is prepared in 3 copies (not photocopy). After the approval of the Internship / Professional Practice place and the approval of the Department / Program, at least 10 days before the start of the internship / professional practice, it must be submitted to the Internship / Professional Practice Coordinatorship with 1 photocopy of ID, 1 photocopy of student ID and 1 passport-sized photo.

IMPORTANT NOTE 2: All 3 documents must be filled in with a blue pen, and all 3 documents must be signed and stamped.