

Date: / / 20

T.R.
HALIÇ UNIVERSITY
THE FACULTY OF HEALTH SCIENCES

I am a year student of T. R. Haliç University, the Faculty of Health Sciences, Department of, and my T.R. Identity Number is

I voluntarily request to complete the applied practical internship training of course at Hospital during the Fall semester of the 2024-2025 Academic Year.

I approve that this practical training is evaluated within the scope of compulsory education during the higher educational academic procedure. I declare and undertake that I do not demand any salary or training wage due to the applied practical internship from our university or the hospital where I service the applied practical internship during the abovementioned probation period.

Thank you in advance for your attention to this matter.

GSM:

Full Name:

E-mail Address:

Signature: