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| http://www.subu.edu.tr/timthumb.php?src=http://www.subu.edu.tr/sites/subu.edu.tr/image/SUBU_LOGO_3.png&w=800 | **SAKARYA UNIVERSITY OF APPLIED SCIENCES****FACULTY OF SPORT SCIENCES****SPORTS MANAGEMENT DEPARTMENT** |
| **INTERNSHIP ACCEPTANCE FORM** |
| **STUDENT’S** |  |  |
| **Name Surname** | **:** |  |
| **School Number** | **:** |  |
| **ID Number** | **:** |  |
| **Tel. Number** | **:** |  |
| **E-Mail** | **:** |  |
| **ABOUT INTERNSHIP** |  |  |
| **Type of Internship** | **:** |  |
| **Duration (Working Day)** | **:** |  |
| **Internship start and end date** | **:** |  . ......./…..../…..... - .….../….../.......... |
|  – I will do my ……. day internship between the dates mentioned above. – Reports, rest, etc. received during the internship period. I undertake that I will notify the department secretariat to submit the original documents, that I will inform the relevant education (school) unit at least (7) days in advance if the start and end dates of my internship change or I give up the internship, otherwise I accept the penal obligations that will arise in accordance with the Law No. 5510. |
|   ……/……/ …… Student’s Signature |
| **It is obligatory for the student of our department, whose identity is given above, to do an internship for the specified working day. During the internship period, our student's work accident and occupational diseases insurance will be made by our University.** |
|  | **Stamp and Signature of Department Internship Officer** |
|  |  |
| **WORKPLACE** |
| **Title** | **:** |  **İban no:** |
| **Address** | **:** |  |
| **Tel. Number** | **:** |  |
| **Fax Number** | **:** |  |
| **Company Workplace Registration Number** | **:** |  |
| **Company's Tax Number** | **:** |  |
| **Chamber of Commerce / Tradesmen Registry Number** | **:** |  |
| **E-Mail Adress** | **:** |  |
| **Field of Activity (Sector)** | **:** |  **Firmanın Toplam Personel Sayısı:** |
| **It is obligatory to notify the firm whether or not the student will be paid the Fee / Payroll or Bank Receipt.****Amount of State Contribution Requested:****Above Name Surname and ID It has been deemed appropriate for the student whose ID Number is written to do an internship at our workplace on the dates specified above.** EMPLOYER OR OFFICIAL’S |
|  |  Name Surname (Title) Seal and Signature |
|  |
| **ELIGIBLE** |
| .….. / ….. / ……. |
| **Head of Department Internship Committee** |
| **Important Note: If there are more than 20 employees in the enterprise, it should be stated.** |

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