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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**  **DEPARTMENT OF SPORTS MANAGEMENT** | | |
| **INTERNSHIP ACCEPTING FORM** | | | |
| **STUDENT'S** | | | |
| **Name and Surname** |  | **:** |  |
| **Faculty Number :** |  | **:** |  |
| **National ID Number :** |  | **:** |  |
| **Phone (Mobile/Home) :** |  | **:** |  |
| **E-mail:** |  | **:** |  |
| **WHAT WILL BE DONE YOUR INTERNSHIP** | | | |
| **Type** |  | **:** |  |
| **Duration (Work (Day)** |  | **:** |  |
| **Internship Start And Finish Date** | | **:** | . ......./…..../…..... -.….../….../.......... |
| – Above stated Dates Between Business daily my internship I will do it. | | | |
| – I will report any reports, rests, etc. received during the internship to the department secretary by presenting the original documents, If the start and end dates of my internship change or if I give up on the internship, I must notify the relevant education (school) unit at least (7) days in advance. information I will give, opposite in this state 5510 numbered law as required will be born criminal accept obligations I did commitment I do.  ……/……/ ……  The student's His signature | | | |
| **The student of our department whose ID is given above is required to do an internship for the specified number of working days. Internship duration Our student throughout work accident And job diseases insurance Our University by will be done.** | | | |
|  |  |  | **Section Internship The authorized person Bowl and His signature** |
| **OF THE WORKPLACE** | | | |
| **Title** |  | **:** | **Iban no :** |
| **Address** |  | **:** |  |
| **Wire Number** |  | **:** |  |
| **Fax Number** |  | **:** |  |
| **Firm Business Record Number** | | **:** |  |
| **The company's Tax Number** | | **:** |  |
| **Trade / Small business His room Record No** | | **:** |  |
| **Email Address** |  | **:** |  |
| **Activity Area (Sector)** |  | **:** | **The company's Total Employee Number of:** |
| **The company's Internship will do to the student Fee Paid / Will not be paid / Payroll or Bank Receipt notification to be done It is mandatory. Request The one that was made State Contribution Amount:**  Above Ordinary last name And TR Identity Number written student's above stated on dates work in our place internship to do suitable has been seen.  EMPLOYER or OFFICIAL  **Name and Surname**  **(Title)**  **Seal and Signature** | | | |
|  | | | |
|  |  |  | **IT IS SUITABLE** |
|  |  |  | .….. / ….. / ……. |
|  |  |  | **Section Internship Commission President** |
| **Important Notes: In business 20 from too many people if it works must be specified.** | | | |

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