



REPUBLIC OF TURKEY
KARADENİZ TECHNICAL UNIVERSITY (KTU)
INTERNSHIP APPLICATION FORM

Photo

TO WHOM IT MY CONCERN

Faculty of Pharmacy Student, whose personal details are given below, would like to do an internship with your company. This internship is a requirement of our curriculum for graduation and the students are insured by our university during the internship. We kindly request you to provide our student with an internship opportunity at your company. Your kind cooperation is greatly appreciated.

Sincerely,

Prof. Dr. Ufuk OZGEN
Director of Internship Commission

STUDENT'S PERSONEL DATA (Filled out by the student)

Name, Family Name			
School ID Number		Academic Year	
E-mail Address		Phone Number	
Home Address			

STUDENT'S IDENTIFICATION DATA (Filled out by the student)

National ID number		Province of Registration	
Mother's Name		District	
Father's Name		Village	
Date and Place of Birth		Volume Number	
Identification Card Serial Number		Family Serial Number	
Reason for Issue		Row Number	
Issuing Office		Date of Issue	

CONFIRMATION OF THE INTERNSHIP

We/I approve the internship application of the student with the personal information provided by this form.

Institution/Pharmacy Name		Signature and Stamp
Approved by/Pharmacist Name		
Phone Number		
Internship Start Date End Date		
Duration (in days)		

STUDENT	FACULTY INTERNSHIP COMMISSION	DEAN'S OFFICE
I hereby confirm that the personal identification data provided about myself are written by me and are true and correct to the best of my knowledge.		
Signature/Date:	Date:	Date: