|  |  |  |
| --- | --- | --- |
| **STUDENT DETAILS** | | |
| Full Name | | …………………………………………………..... |
| Programme of Study | | …………………………………………………..... |
| Turkish Identification Number | | …………………………………………………..... |
| Year/Term | | ……………………/…………………… |
| Address | | ………………………………………………….....  …………………………………………………..... |
| Telephone No. | | Tel: …………………… Mobile: …………………… |
| Emergency Contact | | Full Name:..............................................  Tel:........................................... |
| Email address | | ………………………………...... |
| **HOST ORGANISATION DETAILS** | | |
| Name of the Host Organisation | | …………………………………………………..... |
| Address | | …………………………………………………..... |
| Field of activity/sector | | …………………………………………………..... |
| Name of the supervisor/manager | | …………………………………………………. |
| Phone/Email | | Tel: ……………….… Email: …………………….… |
| Website | | …………………………………………………..... |
| I hereby agree and declare that the information I have provided above is true and accurate, that I will do my …………-day internship between the dates specified below, that I will notify Altınbaş University School of Economics, Administrative and Social Sciences, Department of Social Work at least 10 days in advance in case the start and end dates of my internship change or if I decide to withdraw from the internship, that I will not share the events, people, names, and other information I learned or witnessed during my internship with third parties, in my failure to do so, I will assume all responsibility and be liable for whatever consequences may occur.  ………………… …./…./……  Student’s Signature | | |
| **WE** **HEREBY APPROVE/REJECT** the above-mentioned student’s request for undertaking his/her …………….-day compulsory internship at our organisation**.** | | |
|  | | |
| **INTERNSHIP START DATE: ….../..…../…………** | **INTERNSHIP LENGTH: days** | |
| **INTERNSHIP END DATE : ….../..…../…………** |
| **Internship Supervisor at Host Organisation**  **Name:**…...………...……..........................................  **Signature :** ………...…....…………  **Date : ….../..…../……….…** | **Departmental Internship Supervisor**  **Name:**…...…....……...…................................................  **Signature :** ………......…....…….. | |
| **Stamp/Seal:** |  | |