\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TO**

**ALTINBAS UNIVERSITY**

**SCHOOL OF BUSINESS**

As a student of Altınbas University School of Business, I agree to do internship between \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ and \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ company with my own consent.

|  |  |
| --- | --- |
| Student Name: |  |
| Student ID Number: |  |
| Signature: |  |