



**REPUBLIC OF TURKIYE
BAHÇEŞEHİR UNIVERSITY
FACULTY OF PHARMACY
INTERNSHIP APPLICATION FORM**

Photo

To whom it may concern;

Per Bahçeşehir University Faculty of Pharmacy guidelines, students are required to intern in pharmacies and/or pharmaceutical companies as a prerequisite to graduation. This document is intended to confirm that the student below will work for days as an intern in your establishment. We kindly request your cooperation in completing the form below, thank you for your assistance, and wish you success in your future endeavors.

STUDENT INFORMATION

Name			
Student number		Year of study	
E-mail address		Phone number	
Residence address			

INTERNSHIP LOCATION

Name				
Address				
Type of establishment				
Phone number		Fax number		
E-mail address		Website address		
Internship start date		End date		Duration in work days

EMPLOYER/SUPERVISING PHARMACIST INFORMATION

Name		Signature	
Role and title			
E-mail address			
Date			

STUDENT'S IDENTITY CARD DETAILS

Last name		Province of Registration	
First name		District	
Father's name		Village/Town	
Mother's name		Volume No.	
Place of birth		Family Filing No.	
Date of birth		Individual Filing No.	
T.C. ID No.		Issued in	
ID Card Series No.		Reason for Issue	
*SGK No.		Date of Issue	

Student's signature	Internship committee approval	Faculty secretariat's approval	Dean's approval
<p>I confirm that the above information is correct, and request the necessary documents to be processed for the approval of my internship in the above-mentioned establishment.</p> <p>Signature : Date :</p>	<p>Date :</p>	<p>Date :</p>	<p>Date :</p>

IMPORTANT INFORMATION: Prior to delivery, this document must be **approved and signed by the establishment at which the internship is to be conducted**. The document, as well as one photocopy of a **governmental ID card** (Republic of Turkiye Identity Card for Turkish students, equivalent personal identification for citizens of other countries) and one **biometric photo** (to be glued to the front page of the report) must be delivered to the Pharmacy Practice department by **April 05, 2024**. This form must be filled out on a computer and printed; photocopied forms will not be accepted.

* **Students with existing SGK (Turkish Social Security Institution) IDs must disclose this information here. Students without existing IDs will be assigned one as part as their internship.**