

…./…./2025

TO BAHÇEŞEHİR UNIVERSITY

FACULTY OF HEALTH SCIENCES DEAN'S OFFICE

I am a …….. year student of our faculty's ………………….. department, my student number is ………….. I would like to do a voluntary internship at the ………………………………………………………………………………………………………….. Hospital/Health Institution for a total of ………….. working days between the dates ......./......./20…, ......../......../20….

I request that my internship insurance be covered by our university within the scope of "Work Accident and Occupational Disease Insurance" during my internship.

Best regards

Name-Surname:

Signature:

Address:

Mobile Phone:

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| ……………………………….Head of DepartmentBAU Faculty of Health Sciences |  |