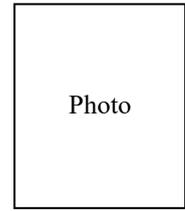




**REPUBLIC OF TURKIYE  
BAHÇEŞEHİR UNIVERSITY  
SCHOOL OF PHARMACY  
INTERNSHIP APPLICATION FORM**



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	
Internship Code			
Residence address			
Signature			

**INTERNSHIP LOCATION**

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

**EMPLOYER/SUPERVISING PHARMACIST INFORMATION**

Name		Signature	
Role and title			
E-mail address			
Date			

**STUDENT'S IDENTITY CARD DETAILS**

Last name		Date of birth	
First name		T.C. ID No.	
Father's name		ID Card Series No.	
Mother's name		Place of birth	

Student's Signature	Internship committee approval	Faculty secretariat's approval	Dean's approval
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. <b>Signature :</b> <b>Date :</b>	Date :	Date :	Date :

**IMPORTANT INFORMATION:** NOTE: This document must be submitted to the Faculty Secretariat in person by the student, along with one photocopy of ID (National ID card is mandatory) and one passport-sized photo (must be pasted on), after being approved by the internship host organization. \*Students who have a prior Social Security (SGK) Number must indicate this information in the relevant field.