



REPUBLIC OF TURKIYE
BAHÇEŞEHİR UNIVERSITY
FACULTY OF PHARMACY
INTERNSHIP APPLICATION FORM

Photo

To Whom It May Concern,

Students of the Faculty of Pharmacy at Bahçeşehir University are required to complete internships at institutions and organizations during their course of study. We would like to thank you for your kind consideration and support in allowing our student, whose details are provided below, to undertake an internship at your institution for a period of days, and we wish you continued success in your work.

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		Internship Duration (working days)

EMPLOYER/SUPERVISING PHARMACIST INFORMATION

Name		Signature	
Role and title			
E-mail address			
Date			

STUDENT'S IDENTITY CARD DETAILS

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

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: This document must be approved by the institution where the internship will take place and submitted in person by the student to the Faculty Secretariat, together with one copy of an identity document (a national ID card is required) and one passport-sized photograph (must be affixed to the form). Photocopies will not be accepted.

*** Students who already have a Turkish Social Security Institution (SGK) registration must indicate this information here. Students without an existing registration will be assigned one as part of their internship.**