



T.C.

BAHCESEHIR UNIVERSITY

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF NUTRITION AND DIETETICS

**INSTITUTIONS AND HOSPITALS INTERNSHIP
COURSE BOOK**

Name and Surname:.....

Number:.....

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INSTITUTIONS AND HOSPITALS INTERNSHIP

STUDENT INFORMATION	
Name and Surname	
Grade / Number	
E-mail	
Starting and Ending Date	
INSTITUTIONAL INFORMATION	
Name of the Institution	
Address of the Institution	
Name and Surname of Institution Authority	
Title	
Phone Number	
E-mail	

Course Coordinator	Ilayda OZTURK ALTINCEVAHIR
Date / Signature	