**T.C.**

**BAHÇEŞEHİR UNIVERSITY**

**SCHOOL OF APPLIED SCIENCES**

**PROFESSIONAL PRACTICE/INTERNSHIP AGREEMENT AND APPLICATION FORM**

**Date:** ....../......./…......

**Subject**: About Professional Practice

**Issue**: 304.03 /01

**TO the RELEVANT AUTHORITY,**

It is eligible for …………………………….. , student of the Gastronomy and Culinary Arts Department of the School of Applied Sciences to do an internship for 60 working days in your institution from ……/..…./….…. until .….../......./…..….. .

I would like to request your approval to do what is necessary.

**Assoc. Prof. Z. Dilistan SHIPMAN**

**Director of the School of** **Applied Sciences**

**INFORMATION REGARDING THE STUDENTS WHO WILL ACCOMPLISH INTERNSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | Class |  |
| Student ID |  | Mobile phone |  |
| T.R. Identity |  | Student's Signature |  |
| Department/Program |  |
| Is it included in the General Health Insurance Coverage of the Family? | | **YES ( + )** | **NO( )** |

**INFORMATION REGARDING THE INSTITUTION THAT THE PROFESSIONAL PRACTICE/ INTERNSHIP WILL BE MADE**

|  |  |  |
| --- | --- | --- |
| Institution Name |  | Company Stamp and Authorized Signature |
| Address |  |
| Phone |  |
| We accept that your student, whose name and information is written above, will practice in our institution …. working days a week ( ) or 6 working days including Saturday ( ) on the relevant dates.  Begin date: …/…/… End Date: …/…/… | |

**INFORMATION ON PERSONNEL RESPONSIBLE FOR PROFESSIONAL PRACTICE IN THE WORKPLACE**

|  |  |
| --- | --- |
| Name Surname |  |
| Telephone number |  |

Dear Student:Together with the original of this document, the Letter of Understanding 1, Pandemic Period Internship Petition, the photocopy of the residence, identity card and 1 photograph will be attached and delivered to the human resources department 3 working days before the start date of internship. The documents should be sent to [staj@hur.bau.edu.tr](mailto:staj@hur.bau.edu.tr) in PDF format.