BAHCESEHIR UNIVERSITY

WORK PERMIT EXEMPTION

INTERNSHIP AGREEMENT FORM

Information about the Internship Student

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and Surname** |  | | | | | | | |
| **TC. Number** |  | | | | | | | |
| **Date of Birth** |  | | | | | | | |
| **Faculty and Department** |  | | | | | | | |
| **Student Number** |  | | | | | | | |
| **School e-mail** |  | | | | | | | |
| **Internship Start Date** |  | | | | | | | |
| **Internship End Date** |  | | | | | | | |
| **Total Internship Days** |  | | | | | | | |
| **Class** | 1 |  | 2 |  | 3 |  | 4 |  |

Information on the Institution for Internship

|  |  |
| --- | --- |
| **Business Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Web address and E-mail** |  |
| **Employer or Representative’s**  **Name and surname** |  |
| **Duty and Title of Internship Responsible** |  |

This contract enters into force on …./…./… when the student starts his/her internship at the enterprise and ends on the date the student completes his/her internship.

|  |  |  |
| --- | --- | --- |
| **Business Name:** | **School Name:**  **Bahçeşehir University** | |
| Employer or Representative  Name Surname  Date:…./...../20…. Signature-Stamp | Student  Name Surname  Date:…./...../20…. Signature | Dean or Department Internship Supervisor  Name Surname  Date:…./...../20…. Signature-Stamp |