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** |  |

 If the place of internship is not known in Turkey, you do not need to fill in the information below.

 Information on the Institution for Internship

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

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.

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