

BAHÇEŞEHİR UNIVERSITY
FACULTY OF ENGINEERING NATURAL SCIENCES
MECHATRONICS ENGINEERING DEPARTMENT
INTERNSHIP APPLICATION FORM

Internee Student Information

Name Surname								
Department	Mechatronics Engineering							
Student ID								
E-Mail	@ bahcesehir.edu.tr							
Phone								
Course Code								
Class			2		3		4	

Internship Company

Name	
Address	
Phone	
Web	

Internship Supervisor / Administrator (Company / Institution) Information

Name Surname	
Phone	
E-mail	

Information About the Internship

Department / Division	Description of the Work	
Start Date *	End Date	Total No. of Working Days

The student whose information given above is approved to do his/her internship at our company.

Internship Supervisor / Administrator

Name Surname	Stamp:	Signature

* Internships should begin on Monday.