Date

BAHCESEHIR UNIVERSITY

HUMAN RESOURCES DEPARTMENT

I’m .............................department of …………………. Faculty / Institute of the University.

In accordance with the article 5 / b of the Law in 5510, I want to work as a Part-Time Student / Internship in the ................................. unit / workplace. I get healthcare from my family about my mother / father's general health insurance.

So, I do not accept be in the scope of general health insurance during my part-time work or internship.

I accept to accuracy of my declaration, in the case that the my situation change, I inform at once, and I promise to pay by myself the premium, administrative fine, late fee and default interest that arisen from my declaration that failure or incomplete statement.

Name and surname:

TC Identification number:

Department:

Student number:

Signature:

Date: