

**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			

**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	Student	Dean or Department Internship Supervisor
Name Surname	Name Surname	Name Surname
Date:..../...../20....	Date:..../...../20....	Date:..../...../20....
Signature-Stamp	Signature	Signature-Stamp