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**BAHÇEŞEHİR UNIVERSTIY**

**FACULTY OF HEALTH SCIENCES**

**No :** 304.03/001 ...../…../……….

**Subject:** Internship Application Form

**TO WHOM IT MAY CONCERN**

1. The student of our faculty whose detailed information is given below wants to **voluntarily** perform professional practice in your institution.

2. In accordance with Law No. 5510; the “Work Accident and Occupational Disease Insurance” of our student who will perform professional practice during the period of professional practice will be made by our institution and the premiums will be paid by our institution.

3. If it is deemed appropriate for the student in question to perform professional practice in your institution, I request/request that the institution approval section below be approved.

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| --- | --- |
| ……………………………….…  Head of Department  BAU Faculty of Health Sciences | Prof. Dr. Hasan Kerem ALPTEKİN  Vice Dean  BAU Faculty of Health Sciences |

**INFORMATION ABOUT PROFESSIONAL PRACTICE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name Surname | : |  | | | | Student’s Signature |
| ID Number | : |  | | | |  |
| Deparment | : |  | | | |
| Institution Name | : | | | | | |
| Professional Practice Start Date | | | : | …..../…../… | INSTITUTION APPROVAL  Stamp & Signature | |
| Professional Practice End Date | | | : | ....../…../…… |
| Number of Weekly Application Days | | | : |  |
| Professional Practice Days | | | : |  |
| Total Number of Days | | | : |  |