



**T.C.**  
**DOĞUŞ UNIVERSITY**

**Faculty of Art and Sciences**  
**Department of English Translation and Interpreting**  
**INTERNSHIP APPLICATION AND ACCEPTANCE FORM**

*This part will be filled out by the **student-intern**.*

Student Information	Internship I (.....) / Internship II (.....) Internship III (.....) / Internship IV (.....)
Name-Surname:	Student Number:
Department: English Translation and Interpreting	Address and Phone Number:
ID Number:	

I hereby declare and guarantee that the information and commitments submitted as indicated above are correct, that I will carry out my ..... days internship programme at the company/institution between the dates specified below, and that I will notify the Instructor in writing of any changes regarding internship start and end or place **at least 20 days** in advance; otherwise, I will compensate for pecuniary damages arise due to the unpaid Social Security premiums, administrative fine, late fee and interest for the delay, and that I will refund Doğuş University all fees, which are paid by the University under any name to the relevant institutions due to the internship in case I do not attend the internship between the dates I have specified in the internship form, or I am considered unsuccessful as a result of the internship.

I confirm that as a trainee, I will be [  ] **Insured** / [  ] **Not Insured** by my parents or my own SGK Health Service between the dates I do my internship.

I kindly submit it for your consideration and approval.

Signature  
...../...../.....

*This part will be filled out by the **institution** in which the internship will be performed.*

<b>INSTITUTION INFORMATION</b>		It is approved for the student whose information is given above to have an internship in our institution/organization. The related student is permitted to do his/her internship at our institution/organization on the dates indicated below. Kindly submitted for your information and necessary action. (Date, Stamp and Signature)
Name of the Internship Place:		
Internship Organization Address:		
Field of Operation:		
Phone Number:		
Fax: E-mail:		
Responsible/ Training Staff Name-Surname:		
Title / Position:		
Student's Internship Start Date:	Student's Internship Completion Date:	
Paid?	Yes (.....) / No (.....)	
If Paid, Payment Amount (TL)	Number of Employees:	
Duration (Days):	Monday Tuesday Wednesday Thursday Friday Saturday ( ) ( ) ( ) ( ) ( ) ( )	

*This part will be filled out by the **Applied Training Subcommittee**.*

Date of Receipt of the Form:	Decision / Signature:
Note / Description:	

**Important Note:** Please send this completed form to the Applied Training Subcommittee via mail or hand it in **by the date announced in the relevant period.**