



T.C.
ISKENDERUN TECHNICAL UNIVERSITY
FACULTY OF TOURISM
INTERNSHIP APPLICATION AND ACCEPTANCE FORM

Date :...../...../.....
Subject: Internship Application

To the Relevant Authority,

It is mandatory for our faculty students to complete an internship related to their education at relevant institutions or organizations in order to graduate. The insurance procedures for students are conducted by the Faculty in accordance with the Social Insurance and General Health Insurance Law No. 5510. As per Article 13, paragraph (a), of the same law, it is obligatory to notify the relevant authorities and our Faculty on the same day if the intern experiences an occupational accident.

If it is deemed appropriate for our student, whose details are provided below, to undertake an internship at your institution/organization for working days, we kindly request that the relevant section of the form be completed, approved, and submitted to our Faculty.

Dean

STUDENT INFORMATION	
Full Name:	
Turkish ID Number:	
Department Enrolled:	
Class/Term:	
Address:	
Mobile Phone:	
Email Address:	
SGK Registration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be insured during the internship period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
INFORMATION ABOUT THE INTERNSHIP INSTITUTION/ORGANIZATION	
Name of Institution/Organization:	
Address of Institution/Organization:	
Field of Production/Service:	
Phone/Email:	
Website:	
Full working day on Saturday:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full working day on Sunday:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I declare that the information provided above is accurate, that I will complete my-day internship between the specified dates, and if there is a change in the start and end dates of my internship or if I do not start or withdraw from my internship, I will inform the Dean's Office/Department at least 10 days in advance; otherwise, I will be responsible for any financial losses due to SGK premium payments. I also commit not to share any information I learn during the internship, including events, people, names, and other data, with third parties, and I accept full responsibility if I do so.	
Student's Name and Surname: Student's Signature:	
It has been deemed <input type="checkbox"/> <i>APPROPRIATE</i> <input type="checkbox"/> <i>NOT APPROPRIATE</i> for the student with the above details to complete their MANDATORY INTERNSHIP at our institution/organization for days.	Institution/Organization or its Official: Name and Surname: Signature: Date: Stamp/Seal:
STUDENT'S INTERNSHIP INFORMATION	
Internship Start Date::/...../.....	Internship Duration:..... days
Internship End Date/...../.....	

DEPARTMENT INTERNSHIP COMMITTEE

Name-Surname: _____ Signature: _____

IMPORTANT NOTE: This form must be prepared in two copies and approved by the Institution/Organization and the Department Internship Committee at least 15 days before the internship starts. One approved copy must be delivered to the Accounting Unit along with the SGK Declaration Form (Form-2), while the other copy remains with the Department Secretariat. An additional copy may be given to the Institution/Organization upon request.

* The internship of an intern who is absent without excuse or permission for more than three (3) working days will be terminated, and the situation will be reported to the Dean's Office by filling out the "Internship Departure Form (Form-5)" by the workplace authority.

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