



T.C.
ISKENDERUN TECHNICAL UNIVERSITY
TOURISM FACULTY
INTERNSHIP EXIT FORM

The student **...[Name of Student and student Number]...** from the department of **...[Department Name]...** at your faculty, has left our institution/organization due to **...[Reason for Leaving]...** without completing their internship. We kindly request that the SGK (Social Security) exit procedures be carried out as of **...[Date]....**

Date: **.../.../20...**

(Signature - Stamp - Seal)

Internship Institution/Organization

Authorized Person's

Title / Name – Surname

* This form must be filled out by the Workplace Supervisor and submitted to the Dean's Office within a maximum of 5 (five) working days in the event that the student has been absent for more than 3 days or has left the job.