



T.C.
İSKENDERUN TECHNICAL
UNIVERSITY
TOURISM FACULTY
INTERNSHIP ATTENDANCE SHEET

Student
Information

Full Name :
Student No :
Class :
Academic Year:

Internship dates between /_/202... and /_/202...

DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
MONTHS																																	
JUNE																																	
JULY																																	
AUGUST																																	
SEPTEMBER																																	
Total working days: _____ days																	Total non-working days: _____ days																

P: Present

L: Allowed Leave

S: Reported Sick

A: Absent

MR: Medical Referral

WA: Work Accident

Institution/Organization Official Information

Full Name :
Title :
Signature :
Stamp/Seal :

Note: After filling out and signing this form, it should be sent to the Faculty Dean's Office in a sealed envelope with the institution's stamp/seal, along with the "Institution/Organization Internship Evaluation/Record Form (Form-4)" and the "Work Report and Evidence Form (Form-5)" (ensuring confidentiality via mail or through the student).