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|  | **Republic of Türkiye****SİVAS UNIVERSITY OF SCIENCE AND TECHNOLOGY****FACULTY OF ENGINEERING AND NATURAL SCIENCES** | *Paste a photo and get it approved by the Dean’s Office* |

**To Whom It May Concern,**

Our students are required to complete a Summer Internship at institutions/organizations related to their education in order to fulfill graduation requirements. During the ***compulsory Summer Internship***, in accordance with Law No. 5510 on Social Insurance and General Health Insurance, students' insurance procedures will be handled by our University. Pursuant to Article 13, paragraph 2, subparagraph (a) of the same law, in the event of a workplace accident, the relevant law enforcement authorities and our University must be informed on the same day. Additionally, it is essential that our students be assigned duties appropriate to their vocational training during the internship. If this is not possible, the University must be informed.

As of 25/02/2011, with Article 61 of Law No. 6111, institutions of higher education providing vocational and technical education are now subject to the Vocational and Technical Education Law No. 3308. Should it be deemed appropriate for the student whose details are provided below to carry out a ***20-working-day compulsory summer internship*** at your institution/organization, we kindly request that the relevant section of this form be completed and submitted to our University with your approval.

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Student Number |  | Academic Year |  |
| Email Address |  | Phone Number |  |
| Residential Address |  |
| Do you have General Health Insurance (SGK) |  Yes □ No □ |

**If the student is aged 25 or over, do they have general health insurance?** Yes □ No □

**INTERNSHIP PLACE INFORMATION**

|  |  |
| --- | --- |
| Name of Institution |  |
| Address |  |
| Field of Production/Service |  |
| Phone Number |  | Fax Number |  |
| Internship Start Date |  | End Date |  | Duration (working days) |  |

**EMPLOYER OR AUTHORIZED PERSON**

|  |  |
| --- | --- |
| Full Name |  |
| Position/Title |  | Signature / Stamp |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| **STUDENT’S SIGNATURE**I hereby declare that the information provided in this document is accurate and respectfully request the preparation of the internship documents regarding the aforementioned company where I commit to completing my internship.Date: | **DEPARTMENT INTERNSHIP** **COMMITTEE APPROVAL**Date: | **FACULTY APPROVAL**For insurance procedures (after submission of internship undertaking form). Date: |

**IMPORTANT NOTE: This form must be prepared in three original copies (not photocopies).**