**INTERNSHIP COMPANY APPROVAL FORM**

Muğla Sıtkı Koçman University

Faculty of Engineering

To the Metallurgical and Materials Engineering Internship Committee Chairmanship

The student of your department whose information is provided below has applied to our company to complete their professional internship. Their application has been evaluated, and it has been deemed appropriate for the mentioned student to carry out their professional internship at our institution.

We submit this information for your consideration and necessary action.

|  |  |
| --- | --- |
| **Student’s Full Name:** |  |
| **Student Number:** |  |
| **Internship Date Range:** | *…../ …../ 20…. - …../ …../ 20….* |
| **Total Number of Internship Days:** | *….. Work Days* |
| **Weekly Working Days:** |  |

**Company Stamp / Authorized Person’s Signature:**

|  |  |
| --- | --- |
| Company Name: |  |
| Phone Number: |  |
| E-Mail : |  |
| Full Company Address: |  |
|  |
|  |

**Company Representative Responsible for Internships:**

|  |  |  |
| --- | --- | --- |
| Full Name | Title | Phone Number |
|  |  |  |
|  |  |  |

**Facilities Provided to the Student:**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Salary |  |  |
| Meal |  |  |
| Accommodation |  |  |
| Transportation |  |  |
| Other |  | |

**Documents Required from the Student at the Beginning of the Internship:**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |