…/ … / 20..

To whom it may concern,

The student whose name and ID written below is required to perform his/her summer practice 30 workdays. If you approve that the student can perform his/her practice, please fill the attached form and send us via e-mail or hard copy.

You will make a significant contribution to the professional development of our students by providing internship opportunities in your firm, we would like to thank on behalf of our students.

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| **Assoc. Prof. Dr. Gülhan ÇAKMAK** |
| Department of Metallurgical and Materials Engineering |
| Head of the Summer Practice Comittee |
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| **Student’s** | |
| **Name Surname** |  |
| **Student Number** |  |