**DEPARTMENT OF ASTRONAUTICAL ENGINEERING**

**INTERNSHIP APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT** | T.C. Identification Number | : |  | Digital colorful picture of the student |
| Name Surname | : |  |
| Student Number | : |  |
| Department | : |  |
| Cell Phone Number | : |  |
| E-mail | : |  |
| Address | : |  |
| **THE WORKPLACE OF INTERNSHIP** | Institution/Organization | : |
| Service Area | : |
| Phone Number | : |
| E-mail | : |
| Website | : |
| Internship Address | : |
| **INTERNSHIP** | Type | :1. Group | 2. Group |
| Starting date | : |
| End Date | : |
| Number of Internship Days | : |

It is appropriate for the student to do an internship in the company with the above information.

**ACKNOWLEDGMENTS**

|  |  |
| --- | --- |
| **Company/Institution Internship Officer** | **Department Internship Commission Officer** |
| **Name Surname** | **:** | **Name Surname** | **:** |
| **Position/Title** | **:** | **Date** | **:** |
| **Date** | **:** | **Date** | **:** |
| **CACHET** | **:** |  |  |
| **Signature** | **:** |  |  |