**REPUBLIC OF TURKEY**

Photo and Approval of Department

(Photo might be digital as well)

**YILDIZ TECHNICAL UNIVERSITY**

**OBLIGATORY SUMMER TRAINING FORM**

To whom it may concern;

As the Department of Biomedical Engineering, all of our students are obliged to complete their summer training in an health care institution or in industry. The student whose information is given below would like to be considered as an intern of his/her ………………..……... training during……………..……..… working days.

|  |  |  |  |
| --- | --- | --- | --- |
| Name-Surname |  | R. of T. ID Number |  |
| Student Number |  | Academic Year |  |
| E-mail |  | Telephone |  |
| Address | District: Street:  Road: Number:  City: Town: | | |
| Double Major Student | Primary Major: | | Secondary Major: |

**HOST FIRM’S/INSTITUTE’S;**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | | | |
| Sector |  | | | | |
| Telephone |  | | Fax Number |  | |
| E-mail |  | | Web Address |  | |
| Beginning Date |  | Ending Date |  | Duration (days) |  |

**AUTHORIZED OFFICER’S;**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, Surname |  | | |
| Job and Title |  | Signature and Stamp |  |
| E-mail |  |
| Date |  |
| **PREVIOUS SUMMER TRAINING FIRM (If it exists)** | **DATE** | **DURATION**  **(Days)** | **CITY** |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
|  |  |  |  |
| **STUDENT’S SIGNATURE** | **APPROVAL OF TRAINING BY DEPARTMENT** | | **APPROVAL OF SOCIAL SECURITY** | |
| I confirm that all information written above has been provided from the firm and they are valid.  Tarih: | Name, Surname, Signature  Kaşe/İmza  Tarih: | | SGK Confirmation that the student’s information has been registered.  Kaşe/İmza  Tarih: | |

Our students who are obliged to make compulsory internship in accordance with the undergraduate and undergraduate education regulations of our university must be notified to the Social Security Institution according to the Social Insurance and General Health Law No. 5510.

**IMPORTANT NOTE:** The student will submit the internship book to the Faculty Internship Office after the approval of the relevant Department Internship Commission, which is at least 10 days before the start of the internship.

The student will apply to the Faculty Internship Office by adding copy of birth certificate, approved compulsory internship form and a calendar showing the beginning and end dates of the internship t least 10 days before the starting date of the internship. After the entry of SGK the Compulsory Internship Form and the Insurance Entrance Document is delivered to the firm.