

MARMARA UNIVERSITY – FACULTY OF ENGINEERING
COMPULSORY INTERNSHIP INFORMATION FORM

STUDENT

Identification Number :
 Name Surname :
 Student ID Number :
 Department :
 GSM :
 E-mail :
 Contact Address :

Date

Signature

**DESCRIPTION OF INSTITUTION / COMPANY
 AND INTERNSHIP**

Full Title of Institution / Company :
 Contact Address :
 :
 Field of Operation :
 Phone :
 E-mail :
 Number of Engineers Employed :
 Job Description, Content :
 :
 Type of Training : 3000
 4000
 Starting Date :
 Completion Date :
 Nonworking days :
 Working days :

APPROVALS

Institution / Company (Internship Coordinator / Internship Supervisor)	Internship Committee of Department	Faculty Board
Date	Date	Date
(Signature & Seal)	(Signature)	(Signature)