# **T.R**

# **EGE UNIVERSITY**

# **ENGINEERING FACULTY**

# **TEXTILE DEPARTMENT**

# **INTERNSHIP APPLICATION FORM**

# Aforementioned student is supposed to complete 20 working days as an intern 20…-20… Academic Year summer term. We kindly request to be informed in written form about the application status of our student and we thank you in advance for your support.

# Textile Engineering

# Dept. Supervisor /Member of the commission of Intership (Signature –Date)

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| --- | --- | --- |
| **STUDENT INFO** | | |
| Name Surname: | Emergency phone: | |
| Student No: | E-Mail: | |
| T.C. No: | Home Address: | |
| Tel: |  | |
|  | | |
| **NAME OF THE COMPANY OR INSTUTION** | | |
| Name | | *Company of Intern Supervisor* |
| Activity Area | | Name, Surname: |
| Adress: | | Work: |
| Tel: | | Tel: |
| Fax: | | E-Mail: |
| Beginning Date: | | Signature – Seal: |
| Completion Date: | |  |