#  **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: |  |