

SUMMER TRAINING ACCEPTANCE FORM

NEAR EAST UNIVERSITY ECONOMICS &
ADMINISTRATIVE SCIENCES
DEPARTMENT OF COMPUTER INFORMATION SYSTEMS

SUMMER TRAINING ACCEPTANCE FORM

STUDENT' S

Name and Surname :

Student Number :

ID Card Number :

Telephone (Home/mobile) :

ABOUT THE SUMMER TRAINING

Type :

Duration (working days) :

Starting and Ending Dates :/ /..... -/ /.....

- I will carry out my summer interim study between the dates given above
- If there are any changes in the starting or the ending dates then I will let my head of department know as soon as possible
- Students cannot start an interim study without filling this form

...../...../

Student's signature

- The interim studies are 4 weeks (20 working days). Weekends and public holidays do not count.
- **There are no problems for the above named student to carry out interim study at your company at the specified dates**
- **The university does not contribute to any work insurance or to any health insurance.**

(Authorization)

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ABOUT THE WORK PLACE

Title	:	
Address	:	
Telephone Number	:	
Fax Number	:	
Company Registration Number	:	
Company Tax Number	:	
E-mail Address:	:	
Work Type	:	
Work Sector	:	

It has been accepted that the above named student can do his/her interim study at our company during the specified dates.

Name & Surname

Company Secretary

(Title)

Signature and Company Stamp