

NEAR EAST UNIVERSITY
VOCATIONAL SCHOOL
DEPARTMENT OF COMPUTER PROGRAMMING

SUMMER TRAINING ACCEPTANCE FORM

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SUMMER TRAINING ACCEPTANCE FORM

<u>STUDENT' S</u>	
Name and Surname	:
Student Number	:
ID Card Number	:
Telephone (Home/mobile)	:
<u>ABOUT THE SUMMER TRAINING</u>	
Type	:
Duration (working days)	:
Starting and Ending Dates	:// -//
<ul style="list-style-type: none">I will carry out my summer interim study between the dates given aboveIf there are any changes in the starting or the ending dates then I will let my head of department know as soon as possibleStudents cannot start an interim study without filling this form/...../	
Student's signature	
<ul style="list-style-type: none">The interim studies are 9 weeks (45 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 datesThe university does not contribute to any work insurance or to any health insurance.	
(Authorization) Chair	

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.

Company Secretary

Name & Surname

(Title)

Signature and Company Stamp