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|  | **T.C.****SAKARYA UYGULAMALI BİLİMLER ÜNİVERSİTESİ****TURİZM FAKÜLTESİ** |
|  **FROM OF INTERNSHIP ACCEPTANCE** |
| **STUDENT’S** |
| **Name-Surname:** | **Identity Number:** |
| **Division:** | **Student Number:** |
| **E-Mail Address:** | **Telephone:**  |
| **DETAILS ABOUT INTERSHIP** |
| **Type** |  |  **Summer Internship ( 60 day)** | **Professional Practice (14 week )** | **By Demand(……….)** |
| **Sector**  |  | **Accomodation** | **Food&Beverage** | **Travel** | **Recreation**  | **Other** |
| **Start Date** |  | … / … / 20… | **End Date:**  ... / … / 20… |  |
|  I will have my intership between dates above. In case of changing of my intership start or end date,i will notify Faculty of Tourism, or else, i accept criminal liability according to 5510-number law. … / … / 20… **Signature** |
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|  The student above will do his/her intership during declared work-days. During his/her internship, our university will pay for insurance of work accidents and job illnesses. University will repay some amount back to business according to law if only the business pays student an amount of %30 of official minimum wage before the 10th day of each month. For paying back of this amount, the company must e-mail the documents that student’s wage is deposited to bank (extract of acoount pdf, payment document pdf etc) and also the document of “stajyer devlet katkısı formu” which in found on our website ([www.turizm.subu.edu.tr](http://www.turizm.subu.edu.tr)) before the 15th day of each month. The e-mail address fort those documents is turizm@sakarya.edu.tr  … / … / 20…  **Signatre of division’s**  **İnternship authority** |
| Information below must be filled correctly. If there will be no payment to student, declare “non-payment” |
| **COMPANY’S** |
| **Name:** |  | **Commercial Title:** |
| **Telephone:** |  | **Fax:** |
| **E-Mail Address:** |  | **Web:** |
| **Registration Number:** |  | **Tax Number:** |
| **Commercial Chamber Registration Number:** | **Sector:**  |
| **IBAN No:** |  | **Number of Working Employees:** |
| **Address:**  |
| **Name and telephone number of the person who is responsible for intership:** |
| **Payment to internt (Declare as the percent of official inimum wage of state):** |
|  It’s is approved that student above do intership in our company among declared dates **Employer or Responsible** |
|  **Name - Surname** **Cachet and Signature** |  |
|  |
| **APPROVED** |
| **… / … / 20…** |
| **Intership authority of intership****Cachet and Signature** |
|  |
| **Note 1- The student has to deliver intership documents to Tourism Faculty before ten days of start of intership** **2- Intership Acceptance Form must be delivered as 2 copies with addition to identity copies** **3- The student who does not deliver intership acceptence form can not start an intership. His/her efforts will bu futile and invalid** |