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|  | | | **T.R.**  **SAKARYA UNIVERSITY OF APPLIED SCIENCE**  **FACULTY OF TOURISM** | | | | | | | | | | | | |
| **INTERNSHIP ACCEPTANCE FORM** | | | | | | | | | | | | | | | |
| **STUDENT’s** | | | | | | | | | | | | | | | |
| **Name Surname:** | | | | | | | | | | **ID Number:** | | | | | |
| **Department:** | | | | | | | | | | **Student’s number:** | | | | | |
| **E-mail:** | | | | | | | | | | **Phone:** | | | | | |
| **INTERNSHIP** | | | | | | | | | | | | | | | |
| **Type** |  | **MANDATORY INTERNSHIP ( 60 days)** | | | | | **VOCATIONAL TRAINING (14 weeks )** | | | | | | **OPTIONAL INTERNSHIP (……….)** | | |
| **Sector** |  | **Accomodation** | | | **Food and Beverage** | | | | **Travel** | | **Recreation** | | | **Other** | |
| **Start date** |  |  | | | | **End date:** | | | | | |  | | | |
| I will do my internship between the dates mentioned above. I undertake that I will inform the Faculty of Tourism at least one week in advance if the start and end dates of my internship change or if I give up the internship, otherwise I accept the penal obligations that will arise in accordance with the law no. 5510.  .  … / … / 20…  **Student’s signature** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| The student of our department, whose identity is given above, will do internship for the specified working day. Business pays the intern student at least thirty percent of the minimum wage for each month. You can contact the faculty via [trz@sakarya.edu.tr](mailto:trz@sakarya.edu.tr).  … / … / 20…  **Department Internship Officer**  **Stamp and Signature** | | | | | | | | | | | | | | | |
| The information below must be filled in completely. If the intern will not be paid, indicate in the relevant section as not to be paid. | | | | | | | | | | | | | | | |
| **WORKPLACE** | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | **Commercial Title:** | | | | | | | |
| **Phone:** | | | |  | | | |
| **E-mail:** | | | |  | | | | **Web:** | | | | | | | |
| **Commercial registration number:** | | | |  | | | |
| **Field of Activity (Sector):** | | | | | | | | **Number of Employed Personnel:** | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | |
| **Person Responsible for Intern and Phone Number/e-mail:** | | | | | | | | | | | | | | | |
| **Wage to be Paid to Intern (Specify as a Percentage of Minimum Wage):** | | | | | | | | | | | | | | | |
| **It has been deemed appropriate for the student whose name, surname and identity number are written above to do an internship at our workplace on the dates specified above.**  **EMPLOYER or AUTHORITY** | | | | | | | | | | | | | | | |
| **Name an Surname (Title)**  **Stamp and Signature** | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| **APPROVAL** | | | | | | | | | | | | | | | |
| **… / … / 20…** | | | | | | | | | | | | | | | |
| **Department Internship Officer**  **Stamp and Signature** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Note:**  **1- The student must submit the Internship Acceptance Form to the Faculty of Tourism at the latest ten (10) days before the start of the internship.**  **2- A copy of the identity card will be added to the Internship Acceptance Form and two (2) copies will be issued.**  **3- Students who do not prepare an Internship Acceptance Form cannot start their internship. Otherwise, the internship will not be accepted.** | | | | | | | | | | | | | | | |