



DOĞU AKDENİZ ÜNİVERSİTESİ  
EASTERN MEDITERRANEAN UNIVERSITY  
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**T.R.N.C.**  
**EASTERN MEDITERRANEAN UNIVERSITY**  
**COMPULSORY INTERNSHIP FORM (\*)**

Photo

Photocopies of  
photos are not  
allowed

**To Whom It May Concern,**

Please be advised that the students of our university are required to carry out internship practice at various organisations or businesses until the end of their studies. We kindly thank you for your interest in allowing the student whose details are specified below to carry out his/her internship practice at your institution and wish you all the further success in your endeavors.

Name – Surname		ID No.	
Student No.		Academic Year	
Department/Program		Faculty	
e-mail		Phone No. (GSM)	
Address			

**INFORMATION ABOUT THE PLACE WHERE THE INTERNSHIP PRACTICE WILL BE CARRIED OUT**

Internship practice Commencement date		Finishing date		Duration (Working Days)	
Name of the company					
Address of the company					
Production/Service Area					
Phone Number		Fax. No.			
e-mail		Web address			

**INFORMATION ABOUT THE EMPLOYER OR THE AUTHORISED OFFICIAL**

Name-Surname		Approved Signature / Stamp	<i>A formal admission fax containing student information from the company is sufficient</i>
Duty/responsibility area			
e-mail address			
Date			
Employer's S.G.K No.			

**STUDENT'S BIRTH DETAILS** (to be filled in by the relevant student upon the approval of the internship practice application.)

Surname		Province of birth	
Name		District	
Father's name		District-Village	
Mother's name		File No.	
Place of birth		Family Sequence No.	
Date of birth		Sequence No.	
ID. No.		Office issued	
ID Card Serial No.		Reason of issuing	
S.G.K. No.		Date of issuing	

**SIGNATURE (STUDENT)**

**APPROVAL (DEPARTMENT)**

**APPROVAL (FACULTY)**

I declare that the information provided on this document is accurate.		
Date:	Date:	Date:

(\*) 3 copies of this form must be filled in electronically (not photocopies) on each of which a photo is attached. One of the approved forms is submitted to the departmental secretary and 2 copies (with 3 copies of the ID, 3 copies of the approval fax, and 3 copies of Mustehaklik Belgesi – for Turkey only) to the Registrar's Office latest by two weeks before the internship practice commencement date.