

ZORUNLU STAJ FORMU (ING)

**REPUBLIC OF TURKEY
BIRUNI UNIVERSITY FACULTY OF PHARMACY
ECZ____ COMPULSORY INTERNSHIP FORM**

photo

To whom it may concern,

Students of the Faculty of Pharmacy of Biruni University are required to do internships in organizations and enterprises until the end of the study period. Information regarding to our student is enclosed below. We thank you for your interest during our student's internship with ECZ____ code for days in your organization, and we wish you success in your work.

STUDENT'S REGISTRATION INFORMATION

name surname			
Faculty No/Class		Academic Year	
e-mail address		Phone No.	
Residence Address			

INFORMATION ABOUT THE PLACE OF INTERNSHIP

name					
Address					
Production/Service Area					
Phone No.		Fax No.			
e-mail address		Web Address			
Start Date of the Internship		End Date		Duration (working day)	

INFORMATION OF THE EMPLOYER OR OFFICIAL

Name/surname		Signature/Stamp
Duty and Title		
e-mail address		
Date		

STUDENT'S POPULATION REGISTRATION INFORMATION (Filled in by the student if the internship application is accepted)

Surname		The Province Where the Population is Registered	
Name		Country	
father's name		Neighborhood- Village	
Mother's name		Volume No	
Birthplace		Family Row No	
Date of birth		Rank No	
T.C. Identity No.		The Population Department where it was Issued	
N.Wallet Serial Number		The Reason for the Issuance	
*SII No.		Date of Issue	

STUDENT'S SIGNATURE	INTERNSHIP COMMISSION APPROVAL	FACULTY APPROVAL
I inform you that the information on the document is correct, and I respectfully submit the preparation of my internship documents related to the aforementioned company, which I have committed to do an internship Date:	Date:	Date:

IMPORTANT NOTE: This document, approved by the place where the internship will take place, must be submitted to the internship commission through the class representative, together with 1 photocopy of identity card (must have an identity card) and 1 passport photo (must be pasted) until at the latest. .

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* Students having SII number previously should indicate this information in the relevant field.