**UNIVERSITY OF GAZIANTEP**

 **INTERNSHIP PRACTICE**

**INSTITUTION/ESTABLISHMENT/FIRM INTERN REQUIREMENT FORM**

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| This form is to determine the number of Interns, to be deployed to your Organization/Institution, within the scope of the Internship Practice.This form should be resubmitted to ITAK after signed. |

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| **Name of Company/Establishment** |  |
| **Address Company/Establishment** |  |
| **Company/Establishment Tel No.** |  |
| **Company/Establishment Fax No.** |  |
| **Company/Establishment website** |  |
| **Company/Establishment-mail address** |  |
| **Responsible persons Name, Last Name , Title** |  |
| **Responsible person contact information** | Tel:FaxE-mail: |
| **Start and End dates of Internship Program****(Specified Dates to be filled by İTAK )** |   |

company/establıshment ınformatıon

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| --- | --- |
| Number of working Engineers |  |
| Field of activity |  |

Signature/ Cachet of Firm