

**THE REPUBLIC OF TURKEY**

**YILDIZ TECHNICAL UNIVERSITY**

**SOCIAL SECURITY INSTITUTION (COMPULSORY INTERNSHIP) DOCUMENT**

Dear Authorized Staff,

Bioengineering students have to do internship during their education period in institutions and companies. We are glad that our bioengineering student, described below, will intern during 20 business days in your institution/company. We wish you success in your work.

|  |  |  |  |
| --- | --- | --- | --- |
| Name-Surname |  | Citizen Number |  |
| Student Number |  | Education Year |  |
| Mail address |  | Phone Number |  |
| Home address | District: Number:  Street: Town:  Province: | | |
| Double Major Student | Main Department | | Secondary Department |

INFORMATION ABOUT INTERNSHIP LOCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | | | |
| Field of Production/Service |  | | | | |
| Phone Number |  | Fax Number |  | | |
| Mail Address |  | Web Address |  | | |
| Internship start date |  | End date |  | Duration(days) |  |

INFORMATION OF EMPLOYER OR AUTHORIZED STAFF

|  |  |  |  |
| --- | --- | --- | --- |
| Name-Surname |  |  | |
| Position and Title |  | University Stamp  (Signet for official institutions)  Signature |  |
| Mail Address |  |
| Date |  |
| Previous Internshıps (If available) | Date | Number of Days | Place of Internship |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |

|  |  |  |
| --- | --- | --- |
| Student Signature | Bioengineering Department Approval | SSI confirmation |
| I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge. I kindly request preparation of internship documents. | Name Surname/Signature who approves | Internship application has been recorded in SSI |

Students who have to make internship within the scope of our university 's regulations for bachelor's degree must be reported to Social Security Institution as required by the social security and general health insurance law (Rule 5510).

**Important notice:** After getting the consent of relevant internship commission of the department, the student has to submit training record to registrar's office **at least 10 days** prior the internship start date.

The student, who will make the internship, will apply to the registrar's office in person for SSI admittance with a copy of identity card, approved Compulsory Internship Form and the calendar which shows the starting and ending dates of the internship **at least ten days** before the starting date of internship.

After insurance admittance has been made, the student will deliver one copy of both Compulsory Internship Form and the Social Security Institution Admittance form to institution/company of internship.