 **YALOVA UNIVERSITY**

STUDENT   
PHOTO

**FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCE**

**DEPARTMENT OF BUSINESS ADMINISTRATION**

**PRACTICAL TRAINING APPLICATION AND ACCEPTANCE FORM**

**CONCERNED AUTHORITY**

**Dear Official,**

In order to enable the students of the Department of Business Administration to gain professional skills and proficiency, they have the opportunity to take the optional "Practical Training" course in order to spend the last semester of their 8 (eight) semester education in institutions and / or organizations related to their vocational fields. In accordance with the Social Insurance and General Health Insurance Law No. 5510, the beginning, termination, and notification obligation of the students who are educated in our faculty, and who are subject to the Practical Training, will be made by our Institution. We would like to thank you for your interest in teaching the "Practical Training" course of our student, whose information is given below, in your organization and wish you success in your studies.

**STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname |  | ID No |  |
| Student Number |  | Academic Year |  |
| e-mail address |  | Telephone Number |  |
| Residence Address |  | | |

**SUPERVISOR APPROVAL**

|  |  |  |
| --- | --- | --- |
| Name and Surname of Supervisor |  | Student can / cannot take the practical training course. |
| Date |  |
| Signature |  |

**THE INSTITUTION OF PRACTICAL TRAINING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | | | | |
| Address |  | | | | |
| Business segment |  | | | | |
| Telephone Number |  | | Faks Number |  | |
| e-mail address |  | | Web Address |  | |
| Starting Date of Practical Training | ……/……/……. | Finish Date of Practical Training | ……/……/……. | Duration(Day) | ………..working day |

**INSTITUTION OFFICIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Surname |  | | | |
| Position and Title |  | Firm  Stamp  (Seal in Official Institutions)  Signature |  | |
| e-mail address |  |
| Date |  |
| **STUDENT SIGNATURE** | **APPROVAL OF DEPARTMENT PRACTICAL TRAINING COORDINATOR** | | | **HEAD OF DEPARTMENT APPROVAL** |
| I declare that the information on the document is correct, and I submit to documents related to the aforementioned company that I have promised to do my Practical Training.  Date:…..../………/……….. | TITLE, NAME, SURNAME AND SIGNATURE OF THE APPROVAL    Date: …..../………/……….. | | | TITLE, NAME, SURNAME AND SIGNATURE OF THE APPROVAL  Date:…..../………/……….. |

**Important Note:**

**1-** The student who will take the Practical Training submits this form as a filled and signed by the relevant persons, to the Department's Practical Training Coordinatorship at least 30 days before the start of the training, with a photocopy of the identity card for Socail Security Institution entry.

**2-** After the Social Security Institution entry is done, a copy of this form and Social Security Instituion Insurance Entry document should be delivered to the institution where the Practical Training will take place.