**YALOVA UNIVERSITY**

**FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES**

**DEPARTMENT OF BUSINESS ADMINISTRATION**



**PRACTICAL TRAINING NOTEBOOK**

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| **STUDENT’S** | |
| **DEPARTMENT** |  |
| **NAME AND SURNAME** |  |
| **ID** |  |

**YALOVA UNIVERSITY**

**FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES**

**DEPARTMENT OF BUSINESS ADMINISTRATION**

PHOTO OF THE STUDENT

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| --- | --- |
| Name Surname: | Department: |
| Year of Birth: | Class: |
| T.R. Identity Number (Passport Number): | Student ID: |

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| --- | --- | --- | --- | --- |
| Name of the Institution Providing Practical Training |  | | | |
| Institution's Field of Work |  | | | |
| Institution's Address |  | | | |
| Number of Employees Working in the Institution |  | | | |
| Practical Training Date | Start | …./……/…….. | End | …./……/…….. |

**INSTITUTION(FIRM) STUDENT**

|  |  |  |
| --- | --- | --- |
| Institution Official  Name and Surname  Signature  Stamp and Seal of the Institution Providing Practical Training |  | Signature of the Student Performing Practical Training |
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**The Date, Time and Subjects of the Student's Practical Training**

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| --- | --- | --- | --- |
| The Date When the Student Performs Training | Daily Training Hours | Subjects That the Student Was Trained | Pg. |
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**The Date, Time and Subjects of the Student's Practical Training**

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| --- | --- | --- | --- |
| The Date When the Student Performs Training | Daily Training Hours | Subjects That the Student Was Trained | Pg. |
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**Organization Chart of the Institution**

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| --- | --- | --- |
| No of Page | Date of PT | The Person Who Takes the Control of the Training on the Relevant Page  Name, Surname, Title, Signature |
|  |  |  |

**Daily Practical Training Studies**

|  |  |  |
| --- | --- | --- |
| No of Page | Date of PT | The Person Who Takes the Control of the Training on the Relevant Page  Name, Surname, Title, Signature |
|  |  |  |

***P.S.: It must be duplicated as the number of days that the Practical Training was performed.***

**Daily Practical Training Studies**

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| No of Page | Date of PT | The Person Who Takes the Control of the Training on the Relevant Page  Name, Surname, Title, Signature |
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***P.S.: It must be duplicated as the number of days that the Practical Training was performed.***