MEDIPOL UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

Date:

PLEASE PASTE YOUR PHOTO HERE

T.C. ANKARA MEDIPOL UNIVERSITY
FACULTY OF PHARMACY

MANDATORY INTERNSHIP FORM
(INTERNSHIP APPLICATION FORM)

Our student studying in our faculty and whose identity information is written below would like to do their compulsory internship at your institution/organization on the specified dates. By the law numbered 5510, "Work Accident and Occupational Disease Insurance", which must be made during the internship period of our students, will be covered by our university.

*Internships must be carried out in accordance with the Internship Learning Objectives.

Student Information			
ID number			
Name-Surname			
Student ID		**Class and Internship Period**	
E-mail Address		**Mobile Phone**	
Residence Address			
Person and Phone to be Reached in case of Emergency			

Internship Institution/Organization Information			
Name of Institution/Organization			
Adress			
Phone Number			
E-mail Address			
Internship Dates	……/……/…… – ……/……/……	**Number of Working Days**	
Pharmacist Diploma Date (Only for Community Pharmacy Internships)			
Institution/Organization Official's; Position, Title, Name and Surname, Wet Signature and Stamp			

- This document must be submitted upon signature to the relevant Internship Commission members one month before the end of the academic year, or on the dates as determined by the Internship Commission, with an **identity card/passport photocopy**.
- This document is also a workplace internship contract.

Internship Commission (APPROVAL) **Dean's Office (APPROVAL)**

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