MEDIPOL UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

Date:

T.C. ANKARA MEDIPOL UNIVERSITY
PHARMACY FACULTY

INTERNSHIP APPROVAL FORM

- Internships must be conducted by the "**Internship Learning Objectives**", which is among the internship documents.
- "**STUDIES AND INFORMATION LEARNED DURING THE INTERNSHIP"** section would be handwritten by the student in a detailed and explanatory manner, with a **minimum of 3 (three) pages**. The work done in the internship should be written weekly. The authorized institution official should **approve each page**.
- The "Internship Evaluation Form" must also be filled out and approved by the authorized institution official and submitted, along with this document, within the date range determined by the Internship Commission in the first month of the academic year following the end of the internship.

Student Information			
ID number			
Name-Surname			
Student ID		**Class and Internship Period**	
E-mail Address		**Mobile Phone**	

Information about Internship			
Internship Dates	……/……/…… – ……/……/……	**Number of Working Days**	
Name of Institution/Organization			
Adress			
Phone Number			
E-mail Address			
Institution/Organization Official's; Position, Title, Name and Surname, Wet Signature and Stamp			

..... Week
...../..... – ...../.....

STUDIES AND INFORMATION LEARNED DURING THE INTERNSHIP:

- It will be written in a legible handwriting, in headings appropriate to the Internship Learning Objectives.

APPROVAL
(Institution Official's Wet-Signature and Stamp)

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…… Week
……/…… – ……/……

STUDIES AND INFORMATION LEARNED DURING THE INTERNSHIP:

APPROVAL
(Institution Official's Wet-Signature and Stamp)

..... Week
...../..... – ...../.....

STUDIES AND INFORMATION LEARNED DURING THE INTERNSHIP:

APPROVAL
(Institution Official's Wet-Signature and Stamp)