INTERNSHIP PLACE NOTIFICATION FORM (FORM-1)

TR

ANKARA MEDIPOL UNIVERSITY

TO THE DEAN'S OFFICE OF THE FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE

… / … / …… - … / … /…… between the dates, I would like to do my internship at the institution stated below. I respectfully request that the necessary actions be taken.

Date: … / … / ……

Signature

STUDENT'S

First Name Surname :

Class :

ID number :

INTERNSHIP PLACE'S

Title :

Address :

Telephone :

Email :

INTERNSHIP PLACE NOTIFICATION FORM (FORM-1)

History of the Institution:
Management, Organization and Number of People Working in Institution:
Fields of Activity of the Institution:
Businesses Affiliated to the Institution:

This form must be submitted to the Secretariat of the Faculty of Fine Arts, Design and Architecture within the announced internship application dates.