



**T.C.**  
**SELÇUK UNIVERSITY**  
**FACULTY OF ENGINEERING**  
**Department of Computer Engineering**

Name		Surname	
Personel ID		Class	
Student ID Num.		Academical Year	
E-mail		Phone Number	
<input type="checkbox"/> 1. Internship	<input type="checkbox"/> 2. Internship  Number of Day which has been accepted as 1st Internship:	Address (Residential)	

Above mentioned student is required to do an internship in the summer of that academical year's summer. Insurance charges will be paid by our institution by operation of Turkish law no 5754.

Assoc. Prof. Mustafa Servet KIRAN  
Department Chair

**Company or Corporation Applying for Internship**

Company or Corporation			
Address			
Field of Interest of Company			
Responsible Person for Internship (Engineer)			
Name			
Branch	<input type="checkbox"/>	Computer Engineering	Internship Topic <input type="checkbox"/> Project <input type="checkbox"/> Software <input type="checkbox"/> Hardware <input type="checkbox"/> Network  <input type="checkbox"/> Other(Explain):
	<input type="checkbox"/>	Software Engineering	
	<input type="checkbox"/>	Computer Science	
	<input type="checkbox"/>	System Engineering	
	<input type="checkbox"/>	Electr. Engineering	
Phone		Fax	
Email		Web	
Internship Start Date		No of Days	
Internship Due Date			
Company or Corporation Authority			
Name			
Title		Signature	
Email			
Date			