



T.C.
KONYA TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
DEPARTMENT OF COMPUTER ENGINEERING

Name		Surname	
Personal ID Num.		Class	
Student ID Num.		Academic 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 academic year's summer. Insurance charges will be paid by our institution by operation of Turkish law no 5754.			
Prof. Dr. 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			