İZMİR INSTITUTE OF TECHNOLOGY

Faculty of Engineering

Department of Energy Systems Engineering

15.06.2023

NAME :

NATIONAL ID NUMBER :

FACULTY : FACULTY OF ENGINEERING

DEPARTMENT : DEPARTMENT OF ENERGY SYSTEMS ENGINEERING

CLASS :

STUDENT ID NUMBER :

To whom it may concern,

In partial fulfillment of undergraduate studies in İzmir Institute of Technology, the student with given information above is ***required to*** do an ***office internship for 20 workdays***. This internship aims to compliment student’s theoretical education in a professional workplace environment. The meaning of office internship is that at least 15 days of 20 working days should be spent on tasks to be assigned in the office. We are grateful for your interest in our student.

In case you permit our student to complete the required internship in your company, we will need the start and end date for the internship, the duration and your approval.

Sincerely,

Başar Çağlar, PhD

Energy Systems Engineering

Internship Coordinator

Contact Information

TEL : +90 (232) 750 6726 EMAIL: [basarcaglar@iyte.edu.tr](mailto:basarcaglar@iyte.edu.tr)

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| --- | --- | --- | --- | --- |
| COMPANY NAME | START DATE | END DATE | DURATION | SEALED APPROVAL |
|  |  |  |  |  |

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| --- | --- | --- |
| Is the company working on Saturdays? (Yes/No) | Is the company working on Offical-Religious Holidays, Eve day? (Yes/No) | If it is YES, number of Offical-Religious Holidays, Eve day |
|  |  |  |

(\*) Name Surname, Business Stamp and Signature