OSTİM TEKNİK ÜNİVERSİTESİ

MÜHENDİSLİK FAKÜLTESİ DEKANLIĞI

YENİMAHALLE/ANKARA

I know and accept that our university will not pay my insurance because I will do my internship abroad for the workplace experience course. I submit to you.

Student name:

Student number:

Country of internship:

Internship firm:

 DATE:

 NAME/SURNAME:

 SIGNATURE: