**TO WHOM IT MAY CONCERN**

......................................................... Faculty / College / Vocational School / Institute ....................................................Department ........Class................................Numbered student .../..../20.... - .../.../.../20.... would like to do his/her Compulsory Summer Internship at your institution between the dates.

**INTERNSHIP STUDENT’S**

|  |  |
| --- | --- |
| NAME-SURNAME |  |
| STUDENT NUMBER |  |
| PROGRAMME |  |
| SUMMER INTERNSHIP DATE |  |
| PHONE NUMBER (GSM) |  |
| RESIDENCE ADDRESS |  |

**INFORMATION ABOUT THE INTERNSHIP WORKPLACE**

|  |  |
| --- | --- |
| NAME OF INSTITUTION |  |
| ADDRESS OF INSTITUTION |  |
| PHONE NUMBER OF INSTITUTION |  |

**Approval**

**STUDENT APPROVAL OF INTERNSHIP WORKPLACE APPROVAL OF VOCATIONAL SCHOOL**

**INTERNSHIP SUPERVISOR**

|  |  |  |
| --- | --- | --- |
| I declare that the information on the document are correct.  **Name-Surname:**    **Signature:**  **Date:** | **Name-Surname:**  **Stamp/Cachet/Signature:**  **Date:** | **Name-Surname:**  **Stamp/Cachet/Signature:**  **Date:** |