



**TC**  
**ESKİŞEHİR OSMANGAZİ UNIVERSITY**  
**FACULTY OF TOURISM**

**INTERNSHIP APPLICATION FORM**

Student of Eskişehir Osmangazi University Faculty of Tourism ..... whose student number is ..... is accepted for an internship at our institution/company.

INTERNSHIP START DATE : ...../...../.....

INTERNSHIP END DATE : ...../...../.....

DURATION (DAYS) : .....

NAME OF COMPANY : .....

ADDRESS : .....

PHONE NUMBER : .....

MOBILE : .....

E-MAIL : .....

TAX OFFICE AND TAX NUMBER : .....

COMPANY REPRESENTATIVE ( NAME-SURNAME, SIGNATURE, STAMP)

.....

.....

**STUDENT INFORMATION**

NAME-SURNAME : .....

ID NUMBER : .....

MOBILE PHONE : .....

E-MAIL : .....

Health Insurance : Parents  Himself/Herself

I will work as an intern and my workmen's compensations insurance will be paid by university.

I will work as a regular employee and my workmen's compensations insurance will be paid by company.

**STUDENT ADVISOR APPROVAL:**

**APPROVED**

Head of Internship Committee

Committee Member

Committee Member