



**COLLEGE of ENGINEERING
SUMMER PRACTICE INFORMATION FORM**

The below section will be filled by the student.

Name, Surname			
Father's Name		Nationality (For Social Security Institution)	T.C. <input type="checkbox"/> Other <input type="checkbox"/>
Mother's Name		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
TC ID No		Social Security Number	
I have General Health Insurance ensuant to my parents.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address			
Cell Phone No		E-mail	
Academic Program	1st Major:Engineering 2nd Major:Engineering	Summer Practice Course Code291 <input type="checkbox"/>391 <input type="checkbox"/>

The below section will be filled by the executive of the company.

The student is accepted for the summer practice program in our company.

Company Name		Department	
Supervisor in the charge of summer practice		Supervisor's e-mail and phone number	
Summer practice work programme			
Internship period	Start:...../...../20.... End:...../...../20....	Supervisor's Signature & Company's Stamp	

The below section will be filled by KU College of Engineering.

Academic Advisor's Approval (If the additional requirements determined based on their major)

Name Surname		Date & Signature/...../.....
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