**BOĞAZİÇİ UNIVERSITY**

**INTERNATIONAL TRADE DEPARTMENT**

Tel: 0212-359 64 59/ 0212-359 45 10

# THE INTERNSHIP INFORMATION FORM

* Company Name :......................................................................................
* The Student Who Will Do Internship:..............................................................
* The National ID Number of Student:…………………………………………
* The Departments and The Student Missions in Company : …………………

Departments Missions

1. ............................................. .......................................................

2- ............................................. ..........................................................

* The internship dates when the student will attend

(it must be at least 20 working days)

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* The Advisor who will be responsible and evaluate the performance of the Intern

Name : ............................................................

Telephone : ............................................................

Fax : .............................................................

E-mail : .............................................................

Signature/Stamp : .............................................................