TURKISH-GERMAN UNIVERSITY – FACULTY OF LAW
INTERNSHIP APPLICATION FORM

TO THE DEAN'S OFFICE OF THE FACULTY OF LAW

STUDENT INFORMATION		
Full Name		
Turkish National ID Number		
Department		
Academic Year / Semester		
Telephone / E-mail Address		
Address		
General Health Insurance (GHI)	Yes ☐	NO ☐
INFORMATION ABOUT HOST INSTITUTION		
Name of the Institution		
Telephone Number		
E-mail Address		
Institution Address		
INTERNSHIP INFORMATION		
Internship Start Date	……./……../……	Duration of Internship: …… days
Internship End Date	……./……./……	

I hereby declare that the information provided above is true and accurate and that I will complete my ……-day internship during the period specified above. I further undertake to notify the Faculty Secretariat at least ten (10) days in advance if the start or end date of my internship changes, if I do not commence my internship, or if I discontinue or cancel my internship. Otherwise, I acknowledge and accept responsibility for any financial liability arising from social security premium payments. Date: …… / …… / ……

Student's Signature

AUTHORIZED REPRESENTATIVE OF THE HOST INSTITUTION	
Full Name	
Title	
Telephone Number	
E-mail Address	
Signature / Official Seal / Stamp	
FACULTY AUTHORIZED REPRESENTATIVE	
Full Name	
Title	
Signature / Official Seal / Stamp	