|  |  |  |
| --- | --- | --- |
| **To whom It May Concern,**  ..................................................................... **Department** students are expected to receive Applied Training in different forms, including compulsory or optional internships and vocational training in the workplace, in institutions and/or organizations until the end of their education period. We would like to thank you for your interest in having the Applied Training of the student listed below, whose **SSI transactions will be carried out by Bursa Uludağ University**, at your institution/organization, and we wish you success in your work. |  | PHOTOGRAPH |

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| --- | --- | --- | --- |
| **WHICH APPLIED TRAINING OPTION YOU WANT TO DO** | | | |
| Compulsory Internship | Optional Internship | Internship During Term | Vocational Training in the Workplace |

**STUDENT'S**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | Student Number |  |
| Turkish Republic Identity Number |  | Program |  |
| Father's Name |  | **Number of Application Training Days/Working Days** |  |
| Mother's Name |  | **Applied Training Start Date** |  |
| Birthplace |  | **Applied Training Completion Date** |  |
| Date of birth |  | Academic Year |  |
| Residence Address and Telephone |  | | |

**PLACE OF APPLIED TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  | **EMPLOYER OR EMPLOYER'S REPRESENTATIVE** |
| Address |  |  | Name Surname : |
|  | Position and Title : |
| Phone number |  |  | Date : |
| Fax number |  |  | Signature / Stamp : |
| E-mail |  |  |  |
| Production / Service Area |  |  |  |

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| --- |
| **THIS FIELD WILL BE FILLED BY THE RELEVANT FACULTY / COLLEGE / VOCATIONAL SCHOOL** |
| **□** Period I (July 1 – 29, 2025) 20 working days  **□** Period II (4 – 29 August 2025) 20 working days  **□** Period III (September 1 – 26, 2025) 20 working days |

**REGISTERED FACULTY / COLLEGE / VOCATIONAL SCHOOL**

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|  |

**ADDITIONAL:** Health Provision and Activation System (SPAS) Entitlement Certificate (To be added by obtaining it via E-GOVERNMENT. It is important for the smooth running of SSI transactions.)

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| **STUDENT'S** |  | **FACULTY / COLLEGE / VOCATIONAL SCHOOL COMMISSION APPROVAL** |  | **FACULTY / COLLEGE / VOCATIONAL SCHOOL** |
| Name Surname : |  |  |  |  |
| Date : |  | Approved by: |  | Approved by: |
| Signature : |  |  |  |  |

**In accordance with Article 48 of Law No. 6764 and additional temporary Article 12 of Law No. 3308, employers who want to benefit from the unemployment fund contribution for internship fees must fill out the Internship Fees Form in the forms on our website and submit it to the Dean's Office/Directorate with the Bank Receipt.**