



T.R.
KARABUK UNIVERSITY
FACULTY OF ENGINEERING DEANERY
APPLIED TRAINING
APPLICATION AND ACCEPTANCE DOCUMENT

Issue :
Subject : Applied Training

Date : ... / ... / 20...

In our Department, a student that its information given below is willing to enrol in applied training at your workplace within dates given below. Applied training is compulsory within the scope of the course as practice, and it is elective within scope of the course as vocational training in the business. During the applied training period, the "Work Accident and Occupational Disease Insurance" premium and also in accordance with the declaration of the student citizenship the "General Health Insurance" premium will be covered by our University for the student who works in Turkiye.

If it is deemed appropriate for our student to carry out applied training at your workplace, the information regarding your workplace should be filled in below and sent to our faculty by hand or by mail. We kindly request you to send it to the head of the department by mail/cargo.

Prof. Dr. Demin GEDİK
Makine Müh. Böl. Bşk.

The Student Information

Faculty : T.R. Identity Number :
Department : Name and Surname :
Program : E-mail Address :
Student Number : Mobile Phone Number :

The Applied Training Information

Course Code : Course Type : Compulsory (Practice)
Course Name : Elective (Vocational Training in Business)
Start Date : ... / ... / 20... Work Term : Fall
End Date : ... / ... / 20... Spring
Duration (Work Day) : ... Summer

Student Declaration and Commitment

<input type="checkbox"/> I am a T.R. citizen. I <u>receive health services</u> from my family through my mother/father / myself within the scope of General Health Insurance. For this reason, I do not accept to be covered by the General Health Insurance during the applied training.	<input type="checkbox"/> I am a T.R. citizen. I <u>do not receive health services</u> from my family through my mother/father / myself within the scope of General Health Insurance. For this reason, I agree to be covered by the General Health Insurance throughout the applied training.
<input type="checkbox"/> I am not a T.R. citizen.	

I will do my applied training in line with the information stated above and which I have declared to be correct, that I will inform the relevant training (school) unit at least 10 days in advance if the start and end dates of my applied training change or I give up, that I will inform the relevant training (school) unit during the applied training following the rules of the enterprise regarding work, discipline and occupational safety. I undertake that I will comply, that in case of a change in my situation declared by me on this document, I will immediately notify the relevant persons of the change, that I will cover any losses that may arise from my statement being erroneous or incomplete, and that my information is not communicated in a timely manner.

Student's Signature

T.R.
KARABUK UNIVERSITY
TO THE DEANERY OF THE FACULTY OF ENGINEERING
KARABUK

Date : ... / ... / 20...

It is appropriate for the student of your faculty to do applied training at our workplace. The details of our workplace are listed below. I respectfully submit it.

Authorized Signature

FEATURES OF THE WORKPLACE: (PUBLIC/PRIVATE SECTOR)

Phone : E-mail Address :
Fax : Website :

1- Company name :
2- Full address :
3- Number of engineers working in the department :
4- Type and capacity of production :
5- Machine park :
6- Is there work on Saturday at the workplace?: Yes No
7- Bus service : Existent Non-existent
8- Food service : Existent Non-existent
9- Intern student quota :