

ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY
FACULTY OF PHARMACY
INSTITUTION INTERNSHIP/PROFESSIONAL EDUCATION IN BUSINESS
APPLICATION/ACCEPTANCE FORM

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To Faculty of Pharmacy Internship Committee;

I hereby kindly submit the informations for my internship at the pharmacy / institution and dates I have specified below.

STUDENT INFORMATION	
Name-Surname	
Citizen ID	
Student ID	
Class/Semester	
Address	
Phone Number (mobile)	
E-mail Address (university)	@live.acibadem.edu.tr
E-mail Address (other)	
Internship/ Professional Education in Business Code and Name	
Internship/Professional Education in Business Start Date	
Internship/ Professional Education in Business Completion Date	
Internship/ Professional Education in Business Duration (Total Working Days**)	
Saturday working status of Institution	YES [] NO []
Health related special cases (please specify if any)	
INTERNSHIP INFORMATION	
Name of the Internship Place	
Internship Supervisor	
Internship Organization Address	
Phone Number	
<p>I hereby declare and guarantee that the information submitted as indicated above are correct and I will carry out work days PHAR..... internship programme, I will perform all the duties given by internship supervisor which are related with my professional development. In case I fail to start or have to withdraw from the internship programme or have made any changes to my internship, I will submit the Appendix-5 to the 'Faculty Internship Commission' at least 2 days in advance. Otherwise, I accept that I will compensate for pecuniary (including insurance payments), non-pecuniary and administrative damages that may arise.</p>	

* Internship: Refers to all summer internships.

** The first page of ANNEX-2a will be filled by the student and the second page by the supervisor and delivered to the relevant internship sub-board with signature.

** Saturdays can be counted as working days for institutions working full time.

..... Name-Surname Student's Signature

**To the Acıbadem Mehmet Ali Aydınlar University Dean of Faculty of Pharmacy;
Info: Internship Commission;**

We accepted internship / professional education in business application of your student, whose name is, in our institution between dates of - We would be pleased to work in cooperation with your faculty to monitor the attendance and knowledge of our colleague candidates.

Sincerely,

Name-Surname: <i>(Internship Supervisor)</i>	
Duty/Department In the Institution: <i>(Internship Supervisor)</i>	
Contact Information:	Office Phone Number:
	Mobile Number:
	E-mail:
Institution Name:	
Institution Contact Information:	
Working Field of the Institution: <i>(Production, importation, sale etc. please specify)</i>	
Internship Department and Duties of Student:	
In the institution, the intern will have more information about:	

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APP-2b. Institution Internship/ Professional Education in Business Application/Acceptance Form

Expectations from the Faculty and/or the Student:	
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