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T.R.
ISPARTA APPLIED SCIENCES UNIVERSITY
FACULTY OF TECHNOLOGY DEANERY
MECHATRONIC ENGINEERING
HEAD OF DEPARTMENT

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Issue: .…/…./20….
Subject: Internship

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Dear Sir,

As it is known, in our country, which has a young population and is developing rapidly, the electrical and electronics sector needs engineers who are equipped with theoretical knowledge and who know how to apply this knowledge into practice. Technology Faculties were established to meet the need for engineers with good practice as well as adequate theoretical education. In this light, the aim of our Mechatronics Engineering Department is to train **Mechatronics Engineers** who, with our applied and theoretical training, have high quality standards, respect the environment and apply professional ethical values. The ability of our students to graduate as well-trained engineers depends on reinforcing their theoretical knowledge with the practical work they have to do in various businesses and organizations. I wish you success in your work, considering that you will not spare your necessary help in this regard.

As a result of the amendments made with the Law No. 510 on "Social Security Law No. 5754 on Social Security and General Health Insurance Law and Amending Some Laws and Decrees with the Force of Law", higher education institutions are obliged to carry out insurance transactions for students whose internship is compulsory.

Work accident and occupational disease insurance procedures will be carried out by us during the internship period of our student, whose open identity is written below. I kindly request you to issue the attached "**Internship Acceptance Form**", which includes your permission for our student to do internship at your workplace and information about your workplace, and give it to our student or send it to our Department Head.

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Head of the Department

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STUDENT'S
Name-Surname   :
Department   :
Faculty Number   :

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  Department of Mechatronics Engineering   Fax: 0.246.2146847
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