

T.C.
DOKUZ EYLÜL UNIVERSITY
FACULTY OF VETERINARY MEDICINE

...../...../2025

TO WHOM IT MAY CONCERN

According to the Internship Implementation Guidelines accepted by the Faculty Administrative Board and based on the University's Applied Education Directive, our students must complete a twenty- (20) working-day internship. Our university will cover the social security premiums of student internships within the scope of Article 87/e of Law No. 5510.

We kindly request that the student of our faculty, registered under the number, be accepted for internship between the dates

... / ... / 2025 - ... / ... / 2025, provided that the necessary quota is available, and the institution approves. We also request that the acceptance form below be completed and returned to our faculty.

INFORMATION ABOUT THE STUDENT

Full Name:		Faculty:	DEU Faculty of Veterinary Medicine
Turkish ID Number:		Student Number:	
Date and Place of Birth:		Academic Year:	2024/2025
Email:		Phone Number:	
Permanent Address:			
Please indicate whether you are insured under your mother, father, or yourself:	Yes []	No []	

TO THE DEAN'S OFFICE OF DOKUZ EYLÜL UNIVERSITY

FACULTY OF VETERINARY MEDICINE

It is hereby confirmed that the student of your faculty, whose personal information is stated above, is accepted to carry out the compulsory internship at our institution/company between ... / ... / 2025 - ... / ... / 2025 for a total duration of 20 working days.

INFORMATION ABOUT THE INTERNSHIP INSTITUTION/COMPANY

Name of Institution/Company:		
Field of Service:		
Email:		
Phone Number:		
Address:		
IBAN of Institution/Company: (Not required for public institutions)		Signature / Stamp ... / ... / 2025
Full Name of Authorized Personnel:		
Position and Title:		Veterinary Medicine