

# INTERNSHIP ACCEPTANCE DOCUMENT

T.C.  
Eskisehir Osmangazi University  
Faculty Of Engineering And Architecture  
Civil Engineering Department,

The student whose information given below is suitable for internship between ....../...../20.... - ....../...../20.... dates and for ..... work days in our company.

Address Of Company: ..... Date: .....  
..... Executive of  
..... Company: .....  
..... Sign & Seal:

## The Student's:

## Type of Internship

Name & Surname: ..... Structural    Hydraulic    Geotechnical    Transportation  
Student Number: .....               

## Is the company works in Saturdays and Sundays? (\*)

Saturday                       Sunday                       Not Working

\*: You can check both Saturday and Sunday options.

| Work Site Information For Internship        |       |
|---|-------|
| Name Of The Company:                        | ..... |
| Title Of The Work:                          | ..... |
| Starting Date Of Work:                      | ..... |
| Est. End Date Of Work:                      | ..... |
| Cost Of The Job:                            | ..... |
| Present Status Of Work Site:                | ..... |
| Status Of Work Site When Internship Begins: | ..... |

Internship Commission Approval: