

T.R.
ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING
DEPARTMENT OF ELECTRICAL AND ELECTRONICS ENGINEERING
DEPARTMENT INTERNSHIP COMMITTEE

Your Electrical and Electronics Engineering department student whose ID Information is worked actively in our company on Saturdays between the dates of .../.../21 to .../.../21.

Our company works full time on Saturdays.

.../.../20...

.....

(Signature/Stamp)

...../.....

Title and Name–Surname of the Institution/
Organization Authorized Person for Internship