

To whom it may concern,
Please after you fill in the below form (signed and sealed) sent it to our department by :
. faximile : **+90 (0312) 266 59 08**
. e-mail : **ctis290@bilkent.edu.tr**
. submitting back to student
For your questions, our phone: (0312) 266 59 07, 290 50 58, ctis290@bilkent.edu.tr
Department of Computer Technology and Information Systems.

ESTABLISHMENT INFO FORM

Student's Name Surname		
Student's e-mail & Phone		

Establishment's Name			
Establishment's Address			
Phone	()	Web Address	

Intern's Supervisor at the Establishment

Name Surname			
Title/Job			
Phone ()	Fax ()	e-mail	

Company/Establishment Info

# of people working at the establishment? # of people working at the intern's department?	
Regular working-time of the establishment? Any weekend working hours foreseen?	
The date of foundation	

Information on Internship

Internship Start Date (dd.mm.yyyy):	
Will a computer be given to the intern?	
Type of job to be assigned to the intern? (eg. coding, test, web, quality, network, etc.) Please explain.	
Which software will be used by the intern?	

Is it possible to access the student via phone? If yes, what is the phone number?	
Will there be any training for the intern?	
Formal communication contact: (Supervisor, GM, HR Manager)	

Date:

Signature / Distinctive Stamp: