

**ESKİŞEHİR TECHNICAL UNIVERSITY**

**Faculty of Engineering**

**Document no:** 49221132/304.03

**Subject:** Compulsory Internship

To whom it may concern,

In the Faculty of Engineering, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engineering, \_\_\_\_\_\_ work days of internship is compulsory.

It is stated in 5/b article of the Social Security and General Health Insurance Law (Law no: 5510) that the students required to perform their compulsory internships will be covered by occupational accident and occupational disease insurance and thereby deemed insured within the scope of the 4/1(a) article of the stated Law.

The occupational accident and occupational disease insurance for all our students to perform their internships will be covered by Eskişehir Technical University. It is hereby submitted for your information that in case it is deemed appropriate by your Institution/Establishment the student with below credentials can perform his/her internship at your Institution/Establishment.

Dean, Faculty of Engineering

Name-Surname:

Student number:

Department:

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