**… /.. / 2017**

**FIRAT UNIVERSITY**

**FACULTY OF TECHNOLOGY**

**Department of ………………… Engineering**

 **ELAZIĞ**

 **Your student …………………………***(Name, Surname)***………………(***School Number)* **applied to to your Firm/Company/ Institution to do 14-week Compulsory Workplace Education Course in Fall / Spring Semester.**

 **It is deemed appropriate for the student to practice the Workplace Training at your Firm/Company/ Institution Sincerely,**

Company/Institution Authority

 Name/Signature/Stamp

**Firm/Company/Institution:**

**Field of Activity:**……………………………………….……….……….……

**Number of Employees :**……………………………………….……….……….……

**Number of Engineers :**………………………………………..……….…………

**Address :**……………………………………….……….…….………………..

**Phone :**……………………………………**Fax:**….………….…………...

**E-Mail :**……………………………………….……….……….……………

(This section must be filled by Department Workplace Education Board Members)

Department Workplace Comission

 Date / Signature

 Accepted Not Accepted

*FORM - 2 (Company/Instituion Information Form)*

**Student ID number:………………………**

**Student Home Adress:**………………………………………………………………………………………………………