

APP-2b. Institution Internship/ Professional Education in Business Application/Acceptance Form

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**To the Acibadem Mehmet Ali Aydınlar University Dean of Faculty of Pharmacy;
Info: Internship Commission;**

We accepted internship / professional education in business application of your student, whose name is, in our institution between dates of/...../..... -/...../.....
We would be pleased to work in cooperation with your faculty to monitor the attendance and knowledge of our colleague candidates.

Sincerely,

Name-Surname: <i>(Internship Supervisor)</i>	
Duty/Department in the Institution <i>(Internship Supervisor)</i>	
Contact Information	
Institution Name	
Institution Contact Information	
Working Field of the Institution <i>(Production, importation, sale etc. Please specify)</i>	
Internship of Department and Duties of Students	
In the institution, the intern will have more information about:	
Expectations from the Faculty and/or the student:	

* Internship: Refers to all summer internships.

** The first page of ANNEX-2a will be filled by the student and the second page by the supervisor and delivered to the relevant internship sub-board with signature.

** Saturdays can be counted as working days for institutions working full time.