

**ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY**  
**FACULTY OF PHARMACY**  
**INTERNSHIP/PROFESSIONAL EDUCATION IN BUSINESS APPROVAL FORM**

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**To Whom It May Concern,**

Acibadem University Faculty of Pharmacy students are obliged to do internship / professional education in business in institutions / organizations related to their education in order to gain their graduation rights.

In accordance with Social Insurance and General Health Insurance Law No. 5510, the insurance procedures of students are carried out by our university during the internship. As per the subparagraph (a) of the second paragraph of article 13 of the aforementioned Law, in the event that an occupational accident occurs, the authorized law enforcers as well as our faculty have to be notified on the day of the incident.

It has been deemed appropriate for our student, whose information is given below, to do internship/professional education in business at your pharmacy/institution.

**Prof. Dr. Mert Ülgen**  
**Dean**

**Assoc. Dr. Zekiye Yılmaz**  
**Head of Internship Commission**

<b>ID INFORMATION OF THE STUDENT</b>	
Name-Surname	
Citizen ID	
Student ID	
Class/Semester	
Address	
Phone Number (Mobile)	
E-mail Address (University)	@live.acibadem.edu.tr
E-mail Address (Other)	
Insurance Transactions	Registered by Acibadem Mehmet Ali Aydınlar University.
Internship/Professional Education in Business Code and Name	
Internship Start Date	
Internship Completion Date	
Internship Duration (Work Days)	
Health related special cases (please specify if any)	
<b>FACULTY MEMBER AND ASSISTANT RESPONSIBLE FOR THE INTERNSHIP</b>	
Faculty Member Responsible for the Internship/Professional Education in Business Name-Surname Contact Information	
Assistant Responsible for the Internship/Professional Education in Business Name-Surname Contact Information	