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PRACTICAL TRAINING ACCEPTANCE FORM

…… COLLEGE/FACULTY ……

Please be informed that your student, whose information is listed below, has been accepted to our company as part of the On-the-Job Vocational Training program, under the responsibility of the instructors whose information is also listed below. We offer.

STUDENT INFORMATION	
Name and Surname:	
Student Number:	
Turkish Republic Identity Number:	
Faculty and Department:	
Residential Address:	
GSM Phone Number:	
Email Address:	
BUSINESS INFORMATION	
Business Name:	
Name of Instructor Last Name, Title:	
GSM Phone Number:	
Email Address:	

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Business Manager
Signature

APPENDIX-2