___/___/_____

TO THE DEPARTMENT OF COMPUTER ENGINEERING,
BOGAZICI UNIVERSITY

Your student, whose identity information is provided below, worked as a _____ at _____ between _____ and _____. This document is prepared at the request of the student.

Approver

Signature

Student Information

Name	:
Surname	:
Student Number	:
Semester	:
TR Identity Number	:
Mobile phone number	:

Company Information

Name	:
Address	:
Phone number	:

The internship's

Start date	:
End date	:
The total number of working days	: