…./…../2021



**GİRNE AMERICAN UNIVERSITY**

**Deanship of Health Sciences**

I am a student and have ……………. school number who studies the department of Nutrition and Dietetics. In order to graduate for …… working days in compulsory summer internship is suitable for between …./…./2021 and …./…./2021 and the institution of ………………………….. I declare that summer internship certificate will be filled by me and I would supply my transactions to be initiated by you.

|  |  |
| --- | --- |
| Name Surname: |  |
| Mobile Number / E-mail: |  |
| Adress : |  |

**Student’s Signature**

**Faculty Approval**

|  |  |  |
| --- | --- | --- |
| Name Surname: |  | |
| Position: |  | |
| Signature/ Date: |  | …../……/2021 |



**T.R.N.C** ---/---/2021

**GİRNE AMERICAN UNIVERSITY**

**Issue: Compulsory Summer Internship**

In order to graduate for bachelor’s level, below mentioned that our student would like to perform his/her internship under the supervision of a dietician at your institution. An internship of totally of …....... working days, dates are between ..……/……../ 2021 and …..…/..…../ 2021 is a prerequisite for his/her graduation.

The provision of the approval and permit required by you is welcome; it will be integrated with practical experience in training for our student. We thank you for your support and help on behalf of our university.

Thank you for your time and consideration.

Yours sincerely,

Neşe ORMANCI

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | | |
| Faculty |  | | |
| Department |  | | |
| Student ID |  | | |
| E-mail |  | | |
| Mobile Number |  | | |
| Starting Date |  | Finishing Date |  |
| Place of Internship |  | | |
| Contact Information |  | | |

Head of Nutrition and Dietetics Department