

**2021 “SUMMER INTERNSHIP”
RESPONSIBILITY AND RISK RETENTION DECLARATION**

To The Dean’s Office of the GAU School of Pharmacy;

I am (Name - Surname, Number);
Student Pharmacist of the GAU School of Pharmacy.

I declare that;

I will complete my 2021 Summer Internship (PHR200 / PHR300 / PHR400);
In Community (Retail) Pharmacy / Hospital Pharmacy / Pharmaceutical Industry
for a total of 36 working days, by taking the full responsibility and accepting
the risks of the COVID-19 Pandemic.

Best regards.

(Signature)

(Name-Surname)

(Date)