



T.C.
FIRAT UNIVERSITY
FACULTY OF VETERINARY MEDICINE DEAN'S OFFICE



Our faculty 202.-202. I want to do my compulsory summer internship in the following institution / organisation in the academic year.
I respectfully request the necessary.

T.C Identity No:	Classification :
Name Surname :	Student No :
	Internship Institution / Organisation :
Gsm:	Email :

...../...../.....
Name Surname
Signature

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Relevant Authority,

4th year students of our faculty are required to do their compulsory summer internships in public or private enterprises related to the profession of Veterinary Medicine.

Our student, whose information is above and whose SSI transactions (premiums) will be covered by our university .../.../202....
- .../.../.../202... There is no harm in doing internship in your institution / clinic between .../.../202... dates.

I kindly request your information

.....
Deputy Dean

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There is no problem for your student, whose clear identity is written above, to do his/her compulsory summer internship between the specified dates within our institution/organisation.

Name of Organisation :
...../...../.....
Address:

Authorised stamp and signature