



Intern Attendance Form - FORM I

Dear Administrator,

This form kept by you, must be signed by the student each working day throughout the internship. On national holidays, those students who are unable to complete 30 working days in 6 weeks must complete the missing days in the following week and sign on those days.

Name- Surname of Student:..... **Organization of internship:**.....

Administrator at organization:..... **Academic term of internship:**.....

Starting date of internship:...../...../.....

Ending date of internship:/...../.....

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total Number of Working Days	
1								
2								
3								
4								
5								
6								
Appendix 1								
							At the end of 6 weeks, total number of working days	

Approval of advisor at organization:

I approve that the content of the attendance form of the student _____ completing his/ her internship at our organization is correct.

Name-Surname:.....

Signature: