

	T.C. YEDITEPE UNIVERSITY FACULTY OF HEALTH SCIENCES DEPARTMENT OF NUTRITION AND DIETETICS AREA PRACTICES FORM	Document Num.	STJ08.1
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TO THE APPROPRIATE AUTHORITY

Below are the identity details of our Faculty student, numbered and enrolled in the 4th year. The student wishes to carry out the Area Practices at your institution between the dates of

Pursuant to subparagraph (e) of Article 87 of the Social Security and General Health Insurance Law No. 5510, the "Occupational Accident and Occupational Disease" insurance premium for working days corresponding to the period during which our student will compulsorily perform the field practice shall be paid by our University.

The necessary action regarding the above-mentioned matter is kindly requested.

Assoc. Prof. Dr. Binnur OKAN BAKIR
Head of the Department of Nutrition and Dietetics

STUDENT'S

Name and Surname		Birth Surname	
Student Num		Academic Year	
Department		Phone Number(Mobile)	
Residential Address			

WORKPLACE TRAINING STAFF

Name and Surname:		Signature/Seal/Stamp:	
Title/Position			
Phone Number			
Date			

APPROVAL

STUDENT	APPROVAL OF THE WORKPLACE WHERE THE FIELD APPLICATION IS CONDUCTED	INTERNSHIP COMMITTEE APPROVAL
I hereby certify that the information stated in this document is true and accurate. Name and Surname: Signature: Date:	Name and Surname: Seal/Stamp: Date:	Name and Surname: Seal/Stamp: Date: