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**No:** 98209464/513-

…./…./2017  
**Subject:** Compulsory Internship and Insurance

**To the Relevant Authority,**

Our faculty's student, named …………………., with the student number ……………., has applied to your company/institution for an internship.  
For our faculty students to be eligible for graduation, they must complete 40 working days of internship during their undergraduate studies, in accordance with the Fırat University Faculty of Technology Education-Training Program, which includes two periods of 20 working days (Part I and Part II), in the summers of their 2nd and 3rd years.

During the internship period, accident insurance and occupational disease insurance will be provided by Fırat University in accordance with the Social Security and General Health Insurance Law No. 5510.

I kindly request that you take the necessary actions and inform me accordingly.

**Prof. Dr. Resul ÇÖTELİ**  
Assistant Dean

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