

Coordinator

ÇANKAYA UNIVERSITY Faculty of Architecture

Summer Practice Application Form

Please fill in the form completely and submit the printed copy containing the approval of the Company Manager to the Department Chair, and mail its electronic copy to crpsummerpractice@cankaya.edu.tr. Upon the arrival of both copies, the printed copy will be forwarded to the related Summer Practice Committee for approval. Incomplete forms will be returned back to the Department. The approved form is finally sent to the Summer Practice Coordinator for approval.

Part I. Basic Course	Information /	Staj Hakkında
----------------------	---------------	---------------

Part I. Basic Course Information / Staj Hakkında															
Department Name BOILUM Adi									Dept. Numeric Code				2 5		
Course Code Ders Kodu	C R	P 3 0 0				Course Name Staj Adı	Off	SUMMER PRACT Office/ Private Institutions			Year of Educatio Öğretim Yılı			ition	/
	20 Business Days Beginning date 20 iş günü Başlangıç Tarihi					•	/_	//			Date of Completion Bitis Tarihi				//
No of Days Staj Günü		s are included. inü mesaiye	•	If incl	luded,	please enclo			•	•				başvuru	formuna ekleyiniz.
Part II. Student Information / Öğrenci Hakkında															
Öğrencinin Adı, Soyadı Student Name	Soyadı						T.C.Kimlik No ID NO Cert. of Citizenship								
Baba Adı Doğum				n Tarihi		N				lı olduğı	ı il				
Nüfus Cüzdanı- Ehliyet No			Doğum Yeri					Nüfusa kayıtlı olduğu ilçe			ı ilçe				
Öğrenci No Student Number				Sınıf Class			s/ Tel. ss /Tel.								
Part III. Proje Proje Name of the particular Projenin Adı	Bilgisi (Sta	mation (The		nterval	that	the student	Ad	ddress	uring su	mmer	pract	ice)			
Part IV. Company Information / Şirket Bilgisi															
Detailed Company Information Ayrıntılı Şirket Bilgisi				Supervising city planner / architect / civil engineer / etc. (at least five year work experience) Staji denetleyecek yetkilinin (en az beş yıl tecrübeli);							Corporate Seal/ Signature Şirket Kaşesi/ İmza				
Name of the (Company					Name and Şirket yetkilis									
Address of the Company Şirket Adresi			Title Ünvanı School of Graduation Mezun olduğu okul Year of Graduation Mezuniyet Yılı												
Telephone Şirket Telefonu						Ch. Registration No (Chamber of City Planners / Architects / CivilEngineer) Oda Sicil No									
Part III. Approval Process (This part will be filled by the related Summer Practice Committee)															
Head of Com	mittee						Signat	ure					Date	е	
Summer Prac	ctice						Signat	ure					Date	е	

Signature