**COMPULSORY UNDERGRADUATE SUMMER INTERNSHIP**

**MUTUAL INFORMATION FORM**

**Ankara Social Sciences University**

**Department of Psychology**

This form, which is prepared to provide communication between the ASBU Department of Psychology and the institution where the student will do internship, contains information about the objectives and scope of the compulsory undergraduate internship. The form is expected to be filled out by the internship officer at the institution where the student will do internship and sent to the student via e-mail or directly.

The purpose of the compulsory undergraduate internship is to give the students of the Department of Psychology the opportunity to reinforce and support the theoretical education they receive in the undergraduate program, to introduce the work of different institutions and professional groups, to contribute to the professional knowledge and skills of the students and to gain experience in business life. If deemed appropriate by the internship authorities of the institution, students are expected to follow the work of the relevant institution within the scope of their compulsory internship and to participate in the work of the institution to the extent of their competence.

The performance of the student during the internship will be evaluated by the internship officer of the institution using ***the Intern Evaluation Form***. At the end of the internship, the form filled out by the internship officer of the institution is expected to be sent to [the psikolojistaj@asbu.edu.tr](mailto:psikolojistaj@asbu.edu.tr) address via e-mail.

Specify the activities of the institution that the student can take part in and contribute to during the compulsory undergraduate internship. The activities mentioned are expected to be clear and understandable.



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****ASBU Department of Psychology \_\_\_s year student \_\_\_\_\_

**Approval and contact information of the internship officer of the institution:**

Advisor

Name Surname:

Corporate phone:

Signature (online signature can be made or omitted):

Date:

**ASBU Department of Psychology Internship Course Coordinator Approval**

Name Surname:

Approval:

Signature:

Date:

**ASBU Faculty of Social Sciences and Humanities Dean's Approval**

Name Surname:

Approval:

Signature:

Date:

**Contact information of ASBU Psychology Internship Course Coordinators:**

Dr. ………. mail

Dr. ………. mail