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|     | **REPUBLIC OF TURKEY****SOCIAL SCIENCES UNIVERSITY OF ANKARA****FACULTY OF SOCIAL AND HUMAN SCIENCES****DEPARTMENT OF PSYCHOLOGY****COMPULSORY UNDERGRADUATE SUMMER INTERNSHIP**  |   PHOTOGRAPH  |
| **STUDENT** |
| Identity Number |  |
| Name-Surname  |  |
| Student Number  |  |  |  |
| E-mail Address |   | Phone Number  |   |
| Residence Address |    |
| **INTERNSHIP INSTITUTION** |
| Name of the institution |  |
| Adress |  |
| Production/Service Area |  |
| Phone Number |  | Fax Number |  |
| E-mail Address |  | Web Adress  |  |
| **INTERNSHIP** |
| Start date |   | End date |   | Duration | … working day |
| **EMPLOYER OR AUTHORIZED PERSON** |
| Name-Surname |  | Date, Signature and Stamp |
| Position |  |
| E-mail Address |  |
| Employer Social Security Registration Number |  |
| **STUDENT** |
| Name |  | Province of Registry |  |
| Surname |  | District |  |
| Father Name |  | Place of Birth |   |
| Mother Name  |  | Date of Birth |   |

The purpose of the compulsory undergraduate summer internship is to provide Psychology students with the opportunity to reinforce and support the theoretical education they receive during their undergraduate education, to introduce the work of different institutions and professional groups, to contribute to the students' professional knowledge and skills, and to provide experience in business life. The performance of the student during the internship will be evaluated by the institution's internship officer using the ***Intern Evaluation and Attendance Form.*** At the end of the internship, the form filled out by the institution's internship officer is expected to be sent to **psikolojistaj@asbu.edu.tr** via e-mail.

The mandatory internship must be completed uninterruptedly for at least 20 working days during the summer months when the student does not have classes/exams.

**Student's Consent:**

|  |  |
| --- | --- |
| Name-Surname: |  |
| Signature: |  |
| Date: |  |

**Approval and Contact Information of the Institutional Internship Officer:**

|  |  |
| --- | --- |
| Name-Surname: |  |
| Position: |  |
| E-mail Address: |  |
| Signature: |  |
| Date: |  |

**SSUA Department of Psychology Internship Course Coordinator Approval:**

|  |  |
| --- | --- |
| Name-Surname: |  |
| Signature: |  |
| Date: |  |

**SSUA Faculty of Social and Human Sciences Dean's Approval:**

|  |  |
| --- | --- |
| Name-Surname: |  |
| Signature: |  |
| Tarih: |  |

**ASBU Psychology Internship Course Coordinators Contact Information:**

psikolojistaj@asbu.edu.tr