



BILKENT UNIVERSITY FACULTY OF BUSINESS ADMINISTRATION
MAN 399 - SUMMER PRACTICE
COMPANY DESCRIPTION and APPROVAL FORM

Date: ___/___/_____

To the Dean's Office
Bilkent University Faculty of Business Administration:

I hereby declare my intention to complete my mandatory summer practice in the company/institution described below between ___/___/_____ and ___/___/_____.

(Signature)

To help us establish your eligibility for mandatory summer practice, please circle the courses that you have successfully completed at the time of this application:

MAN 321 MAN 335 MAN 341 MAN 361

STUDENT

Name and Last Name	
Bilkent ID #	
Mobile Phone Number	
E-Mail	

COMPANY/INSTITUTION

Name	
Website	
Year of establishment	
Number of employees	
Industry	
Department/unit practice will take place	
Office address where the practice will be completed	
Internship Type	<input type="checkbox"/> Face to face
	<input type="checkbox"/> Hybrid (Hybrid internship will be accepted on the condition that it meets both of the criteria below.) - At least 50% of employees on similar posts should be working remotely/online at the company/institution. - Students must work at least 20% (4 work days out of 20) of their time physically in office.