



**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	
Sector	
Year Founded	
Number of Employees	
Department/unit where summer practice will take place	
Address	
Phone and Fax	

\_\_\_\_\_  
Faculty Approval