



**BILKENT UNIVERSITY**  
**FACULTY OF BUSINESS ADMINISTRATION**  
**MAN 399 – SUMMER PRACTICE**  
**ACCEPTANCE FORM**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dear company representative,

On behalf of Bilkent University Faculty of Business Administration, we want to thank you for the opportunity you provide for our student \_\_\_\_\_ with Bilkent student ID \_\_\_\_\_ to work as an intern at your company from ...../...../20.. until ...../...../20....

We want to remind you that the internship must be completed cover a minimum of 20 business days to be eligible for the required internship course.

Please do not hesitate to contact us at [manintern@bilkent.edu.tr](mailto:manintern@bilkent.edu.tr) if you have any questions.

Sincerely,

**COMPANY**

Name	
Year founded	
Website	
Sector	
Number of employees	
Department/unit where the internship will be completed	
Physical address where the internship will be completed	
Internship Type	<input type="checkbox"/> Face to face
	<input type="checkbox"/> Hybrid <b>(Hybrid internship will be accepted on the condition that it meets both of the criteria below.)</b> - 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.

**COMPANY OFFICIAL**

Name	
Department and Title	
Phone	
E-Mail	
Signature and Company Stamp	