



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 cover a minimum of 20 consecutive business days to be eligible for the required internship course.

Please do not hesitate to contact us at 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 (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 50% (10 work days out of 20) of their time face-to-face in the office.

COMPANY OFFICIAL

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