



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

Date: ___ / ___ / _____

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

I am writing to inform you that _____ is accepted to our company to pursue his/her mandatory summer practice between ___ / ___ / _____ and ___ / ___ / _____ .

Sincerely.

COMPANY

Name	
Year founded	
Sector	
Number of employees	
Address	
Department/unit where summer practice will take place	

COMPANY OFFICIAL

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