

İSTANBUL TECHNICAL UNIVERSITY
Faculty of Computer Science and Informatics

**Choose 1(One) INTERNSHIP PROGRAM: Software/Hardware/Information
Technologies/Informatics/Information Processing
USE A THIRD LINE IF NECESSARY. (3 (THREE) LINES AT MAX.)**

INTERNSHIP PROGRAM REPORT

**Student Name SURNAME
Student ID**

Write your training period: 15 July – 15 Aug / 2018

İSTANBUL TECHNICAL UNIVERSITY
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INTERNSHIP PROGRAM ACTIVITY REPORT

Academic Year:

Period of Training: Summer Spring Autumn

Student Information

Name Surname:

Student ID:

Department:

Program: -

E-Mail:

Mobile Phone:

Pursuing a Double Yes (Faculty/Department of DM: _____)

Major? No

Graduated? Yes

No

Taking a class at Yes (Number of Classes: __)

Summer School? No

Institution Information

Company

Name:

Department:

Web Address:

Postal Address:

Authorized Person Information

Department:

Title:

Name Surname:

Corporate E-Mail:

Corporate Phone:

No
signatures or
stamps are
required on
this page.

Internship Program Information

Location Turkey

Abroad

Starting Date [Click here to enter the date.](#)

End Date [Click here to enter the date.](#)

Number of Days Worked

During your internship, did you Yes, I was insured by İTÜ.

have insurance? Yes, I was insured by institution.

No, I did my internship abroad.

No.