



**INTERNATIONAL
BURCH
UNIVERSITY**

Department of Information Technologies

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INDUSTRIAL TRAINING ACCEPTANCE FORM

This is to certify that the student with ID Number has been accepted to perform industrial training in our company/institution between the dates .../.../.... and .../.../.... for working days.

INFORMATION ABOUT THE PERSON FILLING THIS FORM

<i>Position</i>	
<i>Name-Surname</i>	
<i>Signature and Seal</i>	

**INFORMATION ABOUT THE COMPANY/INSTITUTION WHERE
THE INDUSTRIAL TRAINING WILL TAKE PLACE**

<i>Name and Title</i>	
<i>Branch</i>	
<i>Department</i>	
<i>Total Number of Staff Employed</i>	
<i>Total Number of IT Engineers Employed</i>	
<i>Scope</i>	
<i>Address</i>	
<i>Phone and Fax Numbers</i>	
<i>E- mail and Website Address</i>	