

EK-8

**UNIVERSITY OF ÇUKUROVA
DEPARTMENT OF FOOD ENGINEERING
INTERNSHIP PRACTICE**

INSTITUTION/ESTABLISHMENT/FIRM INTERN REQUIREMENT FORM

This form should be resubmitted to Head of Department after signed.

Name of Company/Establishment	
Address of Company/Establishment	
Company/Establishment Tel No.	
Company/Establishment Fax No.	
Company/Establishment website	
Company/Establishment-mail address	
Responsible person's Name, Last Name, Title	
Responsible person's contact information	Tel:..... Fax:..... E-mail:.....
Start and End dates of Internship Program (Specified Dates to be filled by Head of Department)	

COMPANY/ESTABLISHMENT INFORMATION

Number of Engineers	
Field of activity	

Signature/ Stamp of Firm