TO WHOM IT MAY CONCERN

Number: 56367543/

The student whose name and number are given below, is registered to our department and have to do internship at least 4 weeks (20 work days) in order to graduate.

|  |  |  |
| --- | --- | --- |
| Course code / name | Day started | Day finished |
|  |  |  |

**STUDENT INFORMATION**

Turkish Foreign ID: Department: Food Engineering

Name Surname:

Student ID: Prof. Dr. Hami Alpas

Faculty: Faculty of Engineering METU Food Eng. Chairperson

Address:

Phone:

E-mail:

Day of Application:

**COMPANY APPROVAL**

TO MIDDLE EAST TECHNICAL UNIVERSITY ENGINEERING FACULTY

FOOD ENGINEERING DEPARTMENT HEAD

The student mentioned above is/is not appropriate for internship in our company within mentioned dates.

Company Name: .................................................

Address : .................................................

Phone : .................................................

Fax : .................................................

E-mail : .................................................

Authorized Person, Signature