Date:      /     /

**Subject: Internship eligibility certificate (****Student's name)**[[1]](#footnote-1) hk

**To whom it may concern,**

Name & last name of the student who is studying in our 4-year Chemistry Undergraduate program declaring that he/she will do his/her6-week (30 working days) compulsory internship at your institution meets the internship criteria academically. In addition, the request to do an internship at your institution was found appropriate. With this opportunity, your contribution to the education of our students will undoubtedly be very valuable. We would like to thank you for these valuable contributions and the value you give to our University and our Department.

 ……………………………… ………………………………

 Prof. Dr. İzzet SAKALLI Prof. Dr. Mustafa GAZİ

Chairperson of Physics and Chemistry Departments Internship Coordinator
 (Chemistry Department)

 (Seal)

**Student applying for internship:**

**Student number:**

**Name and last name:**

**National ID no:**        **Nationality:**

**Phone:**

**E-mail:**

**Internship contact information:**

**Internship Coordinator:** Prof. Dr. Mustafa GAZİ

**Phone:** 0(392)630 2925 **e-mail:** internship.chemistry@emu.edu.tr

**Department Secretary:** Çilem Aydıntan

**Phone:** 0(392)630 1314 **e-mail:** chemistry@emu.edu.tr

1. Doc-2b [↑](#footnote-ref-1)