

**FACULTY OF …………………………….**

**DEPARTMENT OF ……………………………**

**PROFESSIONAL PRACTICE APPROVAL FORM**

**To be completed by the student and Institution/Company/Entity**

Name / Surname : .....................................................

Class / ID no. : ........................../..........................

Course-Title and Code : …………………..

Required Practice Duration : ………practice days

Professional Practice Period : ......./......./........ - ......./......./........

Institution/Company/Entity : …......................................................

|  |  |  |  |
| --- | --- | --- | --- |
| Address  County  City  Country |  | :  :  :  : | ..........................................................................................................  ..........................................................................................................  ..........................................................................................................  .......................................................................................................... |

# APPROVAL OF THE PROFESSIONAL PRACTICE PLACE

We approve that the student named above will be engaged as an intern in our……………. office .......... days per week and between ......./......./........ - ......./......./........ under the supervision of ………………. (Name Surname ofAppointed Professional Practice Site Supervisor).

|  |  |  |
| --- | --- | --- |
| Name / Surname  Title / Position  Seal / Signature | :  :  : | ......................................................... .........................................................  ………………………………………………………. |

**To be completed by the respective EPOKA University Department**

# APROVAL OF THE DEPARTMENT OF ………………………………………………….

The student named above is approved to be engaged as an intern in the stated ………………office between

......./......./........ - ......./......./........

|  |  |  |
| --- | --- | --- |
| Name / Surname  Title / Position  Seal / Signature | :  :  : | ......................................................... ......................................................... |

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Please keep a copy for yourself and give a copy to the student to submit to the Department Professional Practice Supervisor.