



INTERNSHIP APPROVAL FORM

A/ Student

Name _____

Bilkent ID# _____

B/ Company

Name _____

Address _____

Stamp – Signature

C/ Internship

Course Code COMD 290 COMD 390

Field / Sector _____

Start and End
Dates ____ / ____ / 202__ – ____ / ____ / 202__

I approve the internship, subject to the conditions outlined in sections B and C of this form.

Internship Consultant (COMD)

Name _____

Date _____

Signature _____