



**Bilkent University**

**Department of Communication and Design**

## INTERNSHIP APPROVAL FORM

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### A/ Student

Name \_\_\_\_\_

Bilkent ID# \_\_\_\_\_

### B/ Company

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stamp - Signature

### C/ Internship

Course Code  COMD 290  COMD 390  Voluntary

Field / Sector \_\_\_\_\_

Start and End  
Dates \_\_\_\_ / \_\_\_\_ / 202\_\_ — \_\_\_\_ / \_\_\_\_ / 202\_\_

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

### Internship Consultant (COMD)

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_