



T.C.
ALTINBAŞ UNIVERSITY SCHOOL of PHARMACY
HOSPITAL APPRENTICESHIP FORM
ECZF F 20.2

According to Act No. 5510 of Social Security and General Health Insurance Law, the insurance premiums of students who make required apprenticeship will be paid by the University.

For the conduct of Social security procedures, required apprenticeship forms must be filled out by students and must be approved by the corporation or the institution where the apprenticeships will take place.

Apprenticeships must take place on the specified dates, stated in the form.

DEAN of AU SCHOOL of PHARMACY

Student Name and Surname			
Student Number			
Address		GSM:	

PERSONAL INFORMATION			
Country of Passport		Passport Number	
Place of Birth		Date of Birth	
Passport Expired On		Passport Issued On	
Nationality		If the Student has Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT APPRENTICESHIP SETTING			
Name			
Address			
Service Field			
Telephone No		Fax No.	
e-mail		Web Address	
Apprenticeship Term (Please choose yours)			
<input type="checkbox"/> PHAR 390	Apprenticeship-II	160 Hours (20 Working days)	
<input type="checkbox"/>	National Apprenticeship Prog. (Voluntary)		
<input type="checkbox"/> PHAR 588	Hospital Pharmacy Practice I	280 Hours (35 Working Days)	
<input type="checkbox"/> PHAR 598	Hospital Pharmacy Practice II	200 Hours (25 Working Days)	
Apprenticeship Start Date:		Apprenticeship End Date:	

INFORMATION ABOUT THE EMPLOYER		
Name and Surname		IT IS APPROPRIATE TO DO THE APPRENTICESHIP
Position and Title		
e-mail		
		Signature, Stamp, Date

To the DEAN of SCHOOL of PHARMACY	
<p style="text-align: center;">SIGNATURE OF THE STUDENT</p> <p>I declare that the information on this form is accurate. I will do my apprenticeship at the dates indicated, for whatever reason if I'll not do my apprenticeship, I declare that I will take all responsibilities.</p> <p>I kindly ask you to give the documents for my apprenticeship.</p> <p>Kind regards</p> <p>Name and Surname:</p> <p>Student Number:</p> <p>Date:</p> <p>Signature:</p>	<p style="text-align: center;">APPROVAL OF THE APPRENTICESHIP COMITEE,</p> <p style="text-align: center;">DATE</p>

PS: Students have to fill in this form and bring them to the Faculty Secretary with the other required documents listed in the announcement until the deadline.