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| **Stajyer Adı-Soyadı (*Name of Intern*)**(Büyük Harfle Yazınız -Capital) |  | Fotoğraf(Photo)Vesikalık, Son 6 Ayda Çekilen,Lütfen Yapıştırınız. |
| **T.C. Kimlik No (*T.R.* *Id Number*)** |

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| **Öğrenci No(*Student Number*)** |

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| **E-Mail** |  |
| **Kayıtlı Olduğu****(*Enrollment)*** | **Bölümün Adı (*Departmen*t)** | Turizm İşletmeciliği (Tourism Management) |
| **Öğrenim Şekli (*Education Type*)** | Normal Öğretim:□Daytime Education:□ | İkinci Öğretim:□Evening Education:□ |
| **Sınıfı (*Grade*)** | 1.□ | 2.□ | 3.□ | 4.□ | Other□ |
| **Şubesi (*Branch*)** | A□ | B□ | C□ | D□ | E□ |
| **Akademik Danışmanı (Name and E-Mail of Academic Advisor)** |  |
|  |
| **Staj Bilgileri****(*Internship******Information*)** | **Dönemi (*Period*)** | 20…. Yaz Dönemi (*Summer Period*) |
| **Kodu (*Code*)** | 2902447□ | 2903447□ | 2902645□ | 2903645□ |
| **Adı (*Name*)** | Staj (*Internship*) I : □ | Staj (*Internship*) II :□ |
| **Süresi(*Duration*)** | 30 Gün (*Days*):□ |
| **Başlama Tarihi (*Start Date*)** |

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| **Bitiş Tarihi (*End Date*)** |

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| **Staj Yapılan İşletme Bilgileri****(*Information of Company Interned*)** | **Adı (*Name*)** |  |
| **Yıldızı/Grubu (*Group*)** |  |
| **Hizmet Alanı (*Industry*)** |  |
| **Web Adresi (*Web Page*)** |  |
| **Adresi (*Adress*)** |  |
| **Tel. & Fax** |  |  |
| **E-Mail** |  |
| **Bölüm(ler) (*Department*)** |  |
| **Görev(ler) (*Duty)*** |  |

**HAFTALIK ÇALIŞMA BİLGİLERİ *(WEEKLY SERVICE INFORMATION)***

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| **HAFTA SAYISI (Number of Week)** |

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| **HAFTA (Week)** | *From* |

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 | Arası |
| **Günler (Days)** | **Çalıştığı Bölüm ve Görev****(*Department & Duty*)** | **Çalışma Saatleri****(Hours Schedule)** | **Çalışma Süresi\*****(Hours Worked)** |
| **Başlama (*Start*)** | **Bitiş (*End*)** |
| Pazartesi (*Monday*) |  |

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| Salı(*Tuesday*) |  |

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| Çarşamba(*Wednesday*) |  |

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| Perşembe(*Thursday*) |  |

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| Cuma(*Friday*) |  |

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| Cumartesi(*Saturday*) |  |

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| Pazar(*Sunday*) |  |

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| **Toplam Haftalık Çalışma Süresi (Saat) (*Weekly Total Hours Worked*)** |  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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\*Normal izinli olduğu gün için bu alana “**İzinlidir**” İngilizce olarak “**Off Day**” yazılması gerekmektedir. Eğer sağlık sorunları vb. nedenlerden dolayı izinliyse bu alana ilgili durumun adıyla sağlık ise **“Sağlık-İzinlidir**” vb. şekilde (İngilizce: “**Health-Permitted**) yazılması gerekmektedir.

**HAFTALIK DETAYLI STAJ RAPORU (*WEEKLY DETAILED INTERNSHIP REPORT*)**

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| **HAFTA SAYISI (Number of Week)** |

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| **Yaptığı İşler (Work Accomplished)** |
|  |
| **Edindiği Bilgi ve Deneyimler** (***Knowledge and Experience Gained***) |
|  |
| **Karşılaştığı Sorunlar ve Bu Sorunlara Getirdiği Öneriler**(***Problem Faced and Solution Offered)*** |
|  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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**HAFTALIK ÇALIŞMA BİLGİLERİ *(WEEKLY SERVICE INFORMATION)***

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| **HAFTA SAYISI (Number of Week)** |

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| **HAFTA (Week)** | *From* |

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 | Arası |
| **Günler (Days)** | **Çalıştığı Bölüm ve Görev****(*Department & Duty*)** | **Çalışma Saatleri****(Hours Schedule)** | **Çalışma Süresi\*****(Hours Worked)** |
| **Başlama (*Start*)** | **Bitiş (*End*)** |
| Pazartesi (*Monday*) |  |

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| Salı(*Tuesday*) |  |

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| Çarşamba(*Wednesday*) |  |

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| Perşembe(*Thursday*) |  |

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| Cuma(*Friday*) |  |

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| Cumartesi(*Saturday*) |  |

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| Pazar(*Sunday*) |  |

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| **Toplam Haftalık Çalışma Süresi (Saat) (*Weekly Total Hours Worked*)** |  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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\*Normal izinli olduğu gün için bu alana “**İzinlidir**” İngilizce olarak “**Off Day**” yazılması gerekmektedir. Eğer sağlık sorunları vb. nedenlerden dolayı izinliyse bu alana ilgili durumun adıyla sağlık ise **“Sağlık-İzinlidir**” vb. şekilde (İngilizce: “**Health-Permitted**) yazılması gerekmektedir.

**HAFTALIK DETAYLI STAJ RAPORU (*WEEKLY DETAILED INTERNSHIP REPORT*)**

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| **HAFTA SAYISI (Number of Week)** |

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| **Yaptığı İşler (Work Accomplished)** |
|  |
| **Edindiği Bilgi ve Deneyimler** (***Knowledge and Experience Gained***) |
|  |
| **Karşılaştığı Sorunlar ve Bu Sorunlara Getirdiği Öneriler**(***Problem Faced and Solution Offered)*** |
|  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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**HAFTALIK ÇALIŞMA BİLGİLERİ *(WEEKLY SERVICE INFORMATION)***

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| **HAFTA SAYISI (Number of Week)** |

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| **HAFTA (Week)** | *From* |

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 | Arası |
| **Günler (Days)** | **Çalıştığı Bölüm ve Görev****(*Department & Duty*)** | **Çalışma Saatleri****(Hours Schedule)** | **Çalışma Süresi\*****(Hours Worked)** |
| **Başlama (*Start*)** | **Bitiş (*End*)** |
| Pazartesi (*Monday*) |  |

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| Salı(*Tuesday*) |  |

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| Çarşamba(*Wednesday*) |  |

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| Perşembe(*Thursday*) |  |

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| Cuma(*Friday*) |  |

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| Cumartesi(*Saturday*) |  |

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| Pazar(*Sunday*) |  |

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| **Toplam Haftalık Çalışma Süresi (Saat) (*Weekly Total Hours Worked*)** |  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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\*İzinli olduğu gün için bu alana “**İzinlidir**” İngilizce olarak “**Off Day**” yazılması gerekmektedir. Eğer sağlık sorunları vb. nedenlerden dolayı izinliyse bu alana ilgili durumun adıyla sağlık ise **“Sağlık-İzinlidir**” vb. şekilde yazılması gerekmektedir.

**HAFTALIK DETAYLI STAJ RAPORU (*WEEKLY DETAILED INTERNSHIP REPORT*)**

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| **HAFTA SAYISI (Number of Week)** |

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| **Yaptığı İşler (Work Accomplished)** |
|  |
| **Edindiği Bilgi ve Deneyimler** (***Knowledge and Experience Gained***) |
|  |
| **Karşılaştığı Sorunlar ve Bu Sorunlara Getirdiği Öneriler**(***Problem Faced and Solution Offered)*** |
|  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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**HAFTALIK ÇALIŞMA BİLGİLERİ *(WEEKLY SERVICE INFORMATION)***

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| **HAFTA SAYISI (Number of Week)** |

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| **HAFTA (Week)** | *From* |

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 | Arası |
| **Günler (Days)** | **Çalıştığı Bölüm ve Görev****(*Department & Duty*)** | **Çalışma Saatleri****(Hours Schedule)** | **Çalışma Süresi\*****(Hours Worked)** |
| **Başlama (*Start*)** | **Bitiş (*End*)** |
| Pazartesi (*Monday*) |  |

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| Salı(*Tuesday*) |  |

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| Çarşamba(*Wednesday*) |  |

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| Perşembe(*Thursday*) |  |

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| Cuma(*Friday*) |  |

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| Cumartesi(*Saturday*) |  |

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| Pazar(*Sunday*) |  |

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| **Toplam Haftalık Çalışma Süresi (Saat) (*Weekly Total Hours Worked*)** |  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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\*Normal izinli olduğu gün için bu alana “**İzinlidir**” İngilizce olarak “**Off Day**” yazılması gerekmektedir. Eğer sağlık sorunları vb. nedenlerden dolayı izinliyse bu alana ilgili durumun adıyla sağlık ise **“Sağlık-İzinlidir**” vb. şekilde (İngilizce: “**Health-Permitted**) yazılması gerekmektedir.

**HAFTALIK DETAYLI STAJ RAPORU (*WEEKLY DETAILED INTERNSHIP REPORT*)**

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| **HAFTA SAYISI (Number of Week)** |

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| **Yaptığı İşler (Work Accomplished)** |
|  |
| **Edindiği Bilgi ve Deneyimler** (***Knowledge and Experience Gained***) |
|  |
| **Karşılaştığı Sorunlar ve Bu Sorunlara Getirdiği Öneriler**(***Problem Faced and Solution Offered)*** |
|  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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 **HAFTALIK ÇALIŞMA BİLGİLERİ *(WEEKLY SERVICE INFORMATION)***

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| **HAFTA SAYISI (Number of Week)** |

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| **0** | **5** |

 |
| **HAFTA (Week)** | *From* |

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 | İle(*to*) |

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 | Arası |
| **Günler (Days)** | **Çalıştığı Bölüm ve Görev****(*Department & Duty*)** | **Çalışma Saatleri****(Hours Schedule)** | **Çalışma Süresi\*****(Hours Worked)** |
| **Başlama (*Start*)** | **Bitiş (*End*)** |
| Pazartesi (*Monday*) |  |

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| Salı(*Tuesday*) |  |

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| Çarşamba(*Wednesday*) |  |

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| Perşembe(*Thursday*) |  |

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| Cuma(*Friday*) |  |

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| Cumartesi(*Saturday*) |  |

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| Pazar(*Sunday*) |  |

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| **Toplam Haftalık Çalışma Süresi (Saat) (*Weekly Total Hours Worked*)** |  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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\*Normal izinli olduğu gün için bu alana “**İzinlidir**” İngilizce olarak “**Off Day**” yazılması gerekmektedir. Eğer sağlık sorunları vb. nedenlerden dolayı izinliyse bu alana ilgili durumun adıyla sağlık ise **“Sağlık-İzinlidir**” vb. şekilde (İngilizce: “**Health-Permitted**) yazılması gerekmektedir.

**HAFTALIK DETAYLI STAJ RAPORU (*WEEKLY DETAILED INTERNSHIP REPORT*)**

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| **HAFTA SAYISI (Number of Week)** |

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| **Yaptığı İşler (Work Accomplished)** |
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| **Edindiği Bilgi ve Deneyimler** (***Knowledge and Experience Gained***) |
|  |
| **Karşılaştığı Sorunlar ve Bu Sorunlara Getirdiği Öneriler**(***Problem Faced and Solution Offered)*** |
|  |
| Stajyerin Adı Soyadı ve İmzası(*Name and Signature of Intern*) |  |
| İşletme Yetkilisinin Adı-Soyadı/Unvanı *(Name and Title of Supervisor*) |  |
| İşletme Yetkilisinin İmzası ve Şirket Kaşesi *(Signature of Supervisor and Company Stamp)* | Onay Tarihi (*Date of Signature*)

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