** STUDENT INTERNSHIP ATTENDANCE SCHEDULE**

**T.C.**

**NIGDE OMER HALISDEMIR UNIVERSITY**

**SCIENCE AND ART FACULTY**

**BIOTECHNOLOGY DEPARTMENT**

|  |
| --- |
| **OF STUDENT:** |
| **Name Surname** |   |
| **Number** |   |
| **Department** | Biotechnology |
| **Internship Workplace / Institution** |   |
| **Unit of Internship** |   |
| **DAY** | **DATE** | **STUDENT SIGN** | **DAY** | **DATE** | **STUDENT SIGN** |
| 1 | .../…/20… |  | 16 | .../…/20… |  |
| 2 | .../…/20… |  | 17 | .../…/20… |  |
| 3 | .../…/20… |  | 18 | .../…/20… |  |
| 4 | .../…/20… |  | 19 | .../…/20… |  |
| 5 | .../…/20… |  | 20 | .../…/20… |  |
| 6 | .../…/20… |  | 21 | .../…/20… |  |
| 7 | .../…/20… |  | 22 | .../…/20… |  |
| 8 | .../…/20… |  | 23 | .../…/20… |  |
| 9 | .../…/20… |  | 24 | .../…/20… |  |
| 10 | .../…/20… |  | 25 | .../…/20… |  |
| 11 | .../…/20… |  | 26 | .../…/20… |  |
| 12 | .../…/20… |  | 27 | .../…/20… |  |
| 13 | .../…/20… |  | 28 | .../…/20… |  |
| 14 | .../…/20… |  | 29 | .../…/20… |  |
| 15 | .../…/20… |  | 30 | .../…/20… |  |

Workplace / Institution Internship Responsible;

Title-Name and Surname   : .........................................

Signature/stamp: .........................................

(Document without stamp or seal is invalid)