**STAJA BAŞLAMA FORMU**

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|  **ÖĞRENCİNİN** |  **STAJ YERİNİN** |
| BÖLÜM/PROGRAMI | :………………………………. | ADI/UNVANI | :………………………………. |
| ADI SOYADI | :………………………………. | ADRESİ | :…………………………………………..……………………………………………………………………………………………………………………………………... |
| NUMARASI | :……………………………… |
| STAJA BAŞLAMA TARİHİ | :……/……/20….. | TELEFONU | (0………)…………………. |
| ÖĞRENCİNİN ÇALIŞACAĞIGÜNLER VE SAAT ARALIĞI | PAZARTESİ ( ) …......../…....….SALI ( ) …......../…....….ÇARŞAMBA ( ) …......../…....….PERŞEMBE ( ) …......../…....….CUMA ( ) …......../…....….CUMARTESİ ( ) …......../…....….PAZAR ( ) …......../…....…. |
|  | **ONAYLAYANIN** |
| ADI SOYADIUNVANITARİHİİMZA/MÜHÜR | :………………………………….:………………………………….:…..…/..……/20……………………………………….. |