



**SCHOOL of PHARMACY
HOSPITAL APPRENTICESHIP FORM
ECZF F 20.2**

According to Act No. 5510 of Social Insurance 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 No:

PERSONAL INFORMATION

Country of Passport	
Passport Number	
Nationality	
Date of Birth	
Place of Birth	
Gender	
Passport Issued On	
Passport Expired On	
If the Student has Social Insurance	<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>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. I kindly ask you to give the documents for my apprenticeship. Kind regards Name and Surname : Student Number : Date : Signature :</p>	Approval of the Apprenticeship Comitee, Date	Approval of Dean, Date
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PS: Students have to fill in this form (**2 forms**) and bring them to the **Faculty Secretary** with 2 copies of their passports and 2 photos until the deadline.