****

**T.C.**

**ABDULLAH GUL UNIVERSITY**

**FACULTY OF ENGINEERING**

**MECHANICAL ENGINEERING DEPARTMENT**

To whom it may concern,

In accordance with the internship regulations of our department, ………………………………, with the student number of ………………., is required to complete a total of 60 working days internship, at least two different workplaces and not less than 10 working days in one workplace.

Sincerely,

….../…../……..

Internship Advisor