



REPUBLIC OF TURKEY
BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering
Department of Mechanical Engineering
BOLU



PRACTICE FILE

Name-Surname

Class - No

Place of Internship

Type and Date of Internship

BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering (Department of Mechanical Engineering)Golkoy
Campus,14030 BOLU
e-mail: makine@ibu.edu.tr
Phone:009 374 254 10 00 (4815) / Fax: 009 374 253 45 58



REPUBLIC OF TURKEY
BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering
Department of Mechanical Engineering
BOLU



REPORT CONSENT FORM

Student Name and Surname :

Class/No :

The Name and Address of the
Institution :

Student Photo

Internship

Start Dates of Practice :

End Dates of Practice :

Delivery Date of the Report :

Info about Mechanical
Engineer;

Name :

University Diploma
Number :

Faculty Members Who Review the Report

The Report Notes Issued Successful

Unsuccessful

Date

Signature



REPUBLIC OF TURKEY
BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering
Department of Mechanical Engineering
BOLU
INTERNSHIP SUMMARY



Day	Day/Month/Year	Work Done
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Name of Supervisor

BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering (Department of Mechanical Engineering)
Golkoy Campus, 14030 BOLU
e-mail: makine@ibu.edu.tr
Phone:009 374 254 10 00 (4815) / Fax: 009 374 253 45 58



REPUBLIC OF TURKEY
BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering
Department of Mechanical Engineering
BOLU



INTERNSHIP REPORT

BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering (Department of Mechanical Engineering)Golkoy
Campus, 14030 BOLU
e-mail: makine@ibu.edu.tr
Phone:009 374 254 10 00 (4815) / Fax: 009 374 253 45 58

