

ATILIM UNIVERSITY SCHOOL OF CIVIL AVIATION

Date:

DOCUMENT OF INTERNSHIP INSURANCE LIABILITY

(To be filled by students who will do internship abroad)

Name:

Surname:

Internship Code (AVM399-AVM499):

Company Name:

Internship Country:

Internship City:

Internship Address:

Since I will be doing an internship abroad with my own means, the insurance responsibility during the internship belongs to me and / or the company I will the internship in the future.

Name&Surname

Signature