



ITEC400 Summer Training Confirmation Form

This form should be filled by the company and faxed to +90 392 365 1574

Company Name		
Company Address		
Company Tel.		
Name of Student		
Contact Person		
Training	Start Date:	End Date:

The work to be done by the student (tick all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Developing Software | <input type="checkbox"/> Operating System Installation and Maintenance | <input type="checkbox"/> Working as part of a team in a large software project |
| <input type="checkbox"/> Hardware fault diagnosis and repairs | <input type="checkbox"/> Designing WEB pages | <input type="checkbox"/> Developing a WEB application using ASP, .NET, PHP etc. |
| <input type="checkbox"/> Designing/working with Databases | <input type="checkbox"/> Learning to use complex company software | <input type="checkbox"/> Network Installation and Maintenance |

Others:

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Official Signature and Stamp of the Company: