



Department of Information Technology  
School of Computing and Technology  
Eastern Mediterranean University

## CMPR200 Summer Training Confirmation Form

This form should be filled by the student and submitted to the summer training coordinator.

I would like to carry out summer training at the following establishment:

### Establishment:

|           |  |
|-----------|--|
| Name      |  |
| Field     |  |
| Address   |  |
| Telephone |  |
| e-mail    |  |

### Description of the work to be done:

|  |
|--|
|  |
|--|

### Student :

|           |  |
|-----------|--|
| Name      |  |
| Std. No.  |  |
| Signature |  |
| Date      |  |