



**TURKISH REPUBLIC OF NORTHERN CYPRUS
DEPUTY PRIME MINISTRY AND MINISTRY OF FOREIGN AFFAIRS**

INTERNSHIP APPLICATION FORM

Name – Surname:		
School:		
Department:		
Year:		
Internship Period:	Starting Date/...../.....	Ending Date/...../.....
Applied Department / Directorate		
References (If Available)	Name – Surname Institution He/She Works For: Telephone: Name – Surname Institution He/She Works For: Telephone:	
Contact Information	Adress: Telephone: Mobile: E-Mail: Web Page:	

Signature:

Name – Surname of the Applicant:

Date Of Application:

Note: After filling up the form, it should be signed and sent to the Ministry via mail, e-mail or fax given below.