



DOĞUŞ UNIVERSITY

INTERNSHIP ATTENDANCE SCHEDULE

Intern's Name and Surname:	Business Name / Branch:
Intern's Number	Trainer's Name and Surname:
Intern's Department:	Trainer's Duty / Title:

Serial No / #	Date of Internship	Trainer's Signature	Serial No / #	Date of Internship	Trainer's Signature
01			26		
02			27		
03			28		
04			29		
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