

**T.C.**

**HARRAN ÜNİVERSİTESİ**

**TEKNİK BİLİMLER MESLEK YÜKSEKOKULU**

**ÖĞRENCİ STAJ DOSYASI**

**ADI-SOYADI**

**ÖĞRENCİ NO**

**PROGRAM**

**STAJ YAPILAN KURUM/KURULUŞ**

**ŞANLIURFA-2025**

**T.C.**

**HARRAN ÜNİVERSİTESİ**

**TEKNİK BİLİMLER MESLEK YÜKSEKOKULU**

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| **Fotoğraf** |

**ÖĞRENCİNİN**

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| ADI SOYADI | : |  |
| BÖLÜMÜ | : |  |
| PROGRAMI | : |  |
| SINIF VE NO | : |  |
| KURUM İSMİ | : |  |
| KURUM ADRESİ | : |  |

**ÖĞRENCİNİN**

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| --- | --- | --- |
| STAJA BAŞLADIĞI TARİH | : |  |
| STAJI BİTİRDİĞİ TARİH | : |  |
| ÇALIŞTIĞI TOPLAM İŞGÜNÜ | : |  |

**KURUM YETKİLİSİNİN**

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| --- | --- | --- |
| ADI SOYADI | : |  |
| ÜNVANI | : |  |

Tarih, İmza ve

Mühür

**ONAY SAYFASI**

Yüksekokulumuz……………………………………programı ………………. Nolu öğrencisi ……………………………..zorunlu stajını ……………….…………………..kurumu/kuruluşunda …./…./20…-…./…./20… tarihleri arasında tamamlayarak zorunlu staj sicil onay formunu staj dosyası ile birlikte bölüm başkanlığına teslim etmiştir. Staj komisyonunca yapılan değerlendirmeler sonucunda ilgilinin stajı ….... iş günü olarak kabul edilmiştir.

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|  |  |  | İMZA |
| Danışman | : | Unvan Adı Soyadı | …………………………. |
| Staj Komisyon Başkanı | : | Unvan Adı Soyadı | …………………………. |
| Bölüm Başkanı | : | Unvan Adı Soyadı | …………………………. |

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| **............................... Tarihinden ...................................Tarihine Kadar Yapılan Çalışmalar.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Gün | | Yapılan İşler | | Yapılan İşe Ait Sayfa No | Saat | | 1 | Pazartesi |  | |  |  | | 2 | Salı |  | |  |  | | 3 | Çarşamba |  | |  |  | | 4 | Perşembe |  | |  |  | | 5 | Cuma |  | |  |  | | 6 | Pazartesi |  | |  |  | | 7 | Salı |  | |  |  | | 8 | Çarşamba |  | |  |  | | 9 | Perşembe |  | |  |  | | 10 | Cuma |  | |  |  | | 11 | Pazartesi |  | |  |  | | 12 | Salı |  | |  |  | | 13 | Çarşamba |  | |  |  | | 14 | Perşembe |  | |  |  | | 15 | Cuma |  | |  |  | | 16 | Pazartesi |  | |  |  | | 17 | Salı |  | |  |  | | 18 | Çarşamba |  | |  |  | | 19 | Perşembe |  | |  |  | | 20 | Cuma |  | |  |  | | 21 | Pazartesi |  | |  |  | | 22 | Salı |  | |  |  | | 23 | Çarşamba |  | |  |  | | 24 | Perşembe |  | |  |  | | 25 | Cuma |  | |  |  | | 26 | Pazartesi |  | |  |  | | 27 | Salı |  | |  |  | | 28 | Çarşamba |  | |  |  | | 29 | Perşembe |  | |  |  | | 30 | Cuma |  | |  |  | | Kontrol Eden Yetkilinin Kaşe- İmzası | | | Toplam Saat : | |  | |

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|  | | | | |
| Sıra No | Yapılan İşin Konusu / Adı | Öğrencinin İmzası | Yetkilinin Kaşe- İmza | Tarih |
|  |  |  |  | ......./....../....... |

(Bu sayfa çoğaltılarak kullanılacaktır)