

 **T.C.**

**HARRAN ÜNİVERSİTESİ**

**TEKNİK BİLİMLER MESLEK YÜKSEKOKULU**

**ÖĞRENCİ STAJ DOSYASI**

**ADI-SOYADI**

**ÖĞRENCİ NO**

**PROGRAM**

**STAJ YAPILAN KURUM/KURULUŞ**

**ŞANLIURFA-2024**

**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**

|  |  |  |
| --- | --- | --- |
| 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.**

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| 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)