



**EASTERN MEDITERRANEAN UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION DEPARTMENT
PHYT214 SUMMER INTERNSHIP DIARY**

Student Name and Surname	
Student Number	
Department	
Education year	
Address	
Tel Number	
Academic Advisor	
Internship Title	
Institution of Internship	
Institution Address of Internship	
Name and Surname of the Internship Manager	
Title of the Internship of Manager	
Starting and Ending dates of Internship	