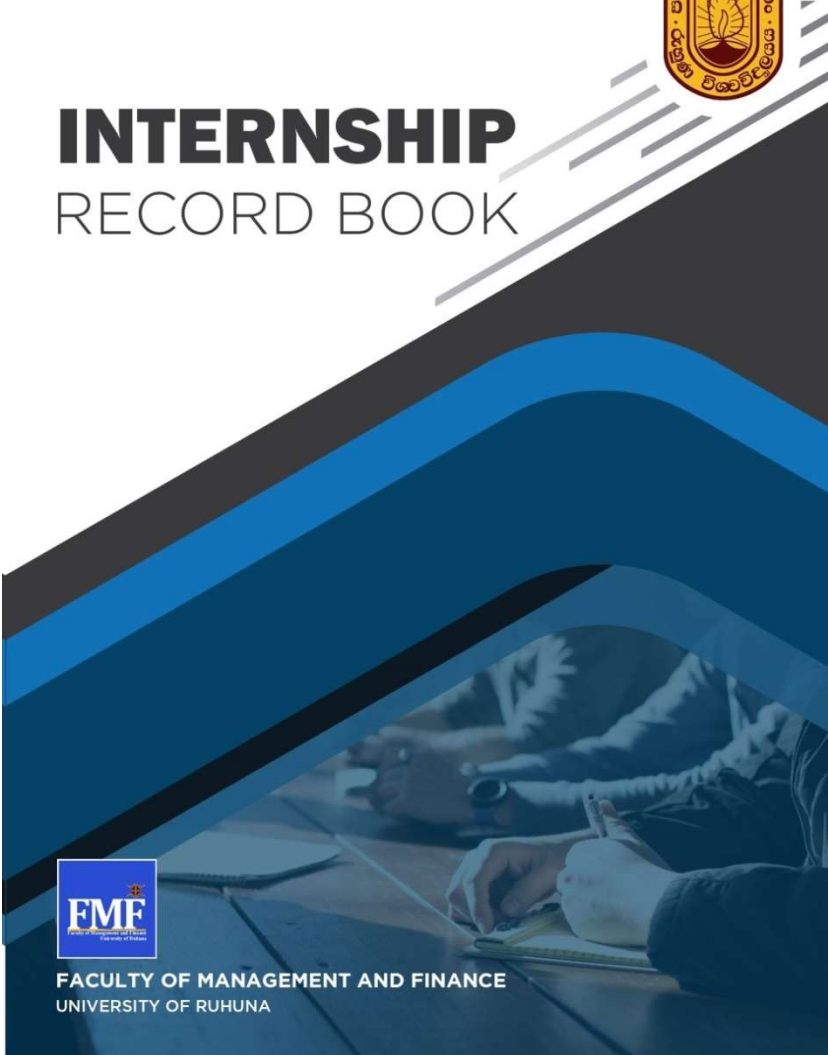




INTERNSHIP RECORD BOOK



FACULTY OF MANAGEMENT AND FINANCE
UNIVERSITY OF RUHUNA





Internship Record Book



Faculty of Management and Finance
University of Ruhuna

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1. Introduction

Undergraduates reading for Bachelor of Business Administration Degree at the Faculty of Management and Finance, University of Ruhuna must undergo an internship training programme at the beginning of the Second Semester of the 4000. They are allowed to select the internship placements according to their field of specialization. As such, the internship programme provides an opportunity for them to join in a workplace setting and perform duties related to different occupations. The Faculty expects that this would assist the undergraduates to add value to the learned theoretical concepts by providing a hands-on experience in the industry. Thereby the internship programme contributes to uplift the standards of the degree programme offered by the Faculty and to enhance the employability of our graduates.

The Internship Record Book, hereafter referred to as IRB, sets out the basic guidelines and rules, and acts as the primary documentation concerning the internship training of undergraduate students (hereafter referred to as trainees).

2. Objectives

The internship training programme is designed to achieve following objectives.

- To acquire practical knowledge and understanding about the industrial practices.
- To encourage the undergraduates to build relationships with business firms and industry professionals for successful career development.
- To provide an opportunity for the undergraduates to apply their knowledge and skills to actual work situations.
- To develop interpersonal, problem solving, research and reporting skills of the undergraduates.

3. Duration

The duration of the training programme is four (04) months (16 weeks) commencing from the beginning of the Second Semester of the 4000 Level of the degree program.

4. General Rules

Undergraduates shall commence the training at the beginning of the Second Semester of the 4000 Level.

The trainees must maintain this Internship Record Book (IRB) issued by the Faculty of Management and Finance, University of Ruhuna.

The IRB remains as a property of the Faculty of Management and Finance, University of Ruhuna. Trainees should be able to

provide the IRB whenever it is been called for supervision by the Dean of the Faculty, Department Heads of the Faculty, Industrial Training Officer of the Faculty or the Officer in charge of the training organization.

The photograph of the trainee must be authenticated by the Faculty with its rubber stamp.

Trainees should represent the Faculty and the employer by showing honesty, punctuality, courtesy, a cooperative attitude, appropriate dress, and a willingness to learn.

Trainees are required to update the IRB weekly based on the given guidelines. At the end of each week, the trainees should get the entries reviewed and certified by their training supervisors.

Trainees are required to remain with the initial employer throughout the internship training period. In case, a trainee needs resigning from a training organization, s/he must, first, get the permission from the Faculty prior to take any action on that regard. Further, the resigned trainee is responsible for finding a new organization immediately with the approval of the Dean.

At the end of the internship programme, the trainees should state overall reflection of the work experience and training supervisor should record the comments in the space provided in the IRB.

This IRB shall be examined by the Board of Examiners appointed by the Faculty at the Viva-voce examination.

5. Profile of the Trainee

Photograph (45mm x 35mm)

Full Name : _____

Name with Initials : _____

Registration Number : _____

Permanent Address : _____

Contact Number : _____

E-mail : _____

Field of Specialization: _____

Internship Period : From _____ To _____

Trainee's Signature : _____

Date : _____

6. Profile of the Training Organization

Name of the Organization : _____

Nature of the Organization : _____

Address : _____

Contact Number : _____

Fax : _____

E-mail : _____

7. Profile of the Training Supervisor

Name : _____

Designation : _____

Contact Numbers

Fixed : _____

Mobile : _____

Fax : _____

E-mail : _____

8. Weekly Reflections of the Training Experience

Week 1

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date: _____

Date: _____

Week 2

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date:_____

Date:_____

Week 3

From _____ **To** _____

 Signature of the
 Trainee

 Signature of the
 Supervisor

Date:_____

Date:_____

Week 4

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date: _____

Date: _____

Week 5

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date:_____

Date:_____

Week 7

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date: _____

Date: _____

Week 9

From _____ To _____

Signature of the
Trainee

Signature of the
Supervisor

Date:_____

Date:_____

Week 10

From _____ **To** _____

Signature of the
Trainee

Date:_____

Signature of the
Supervisor

Date:_____

Week 11

From _____ **To** _____

 Signature of the Trainee

 Signature of the Supervisor

Date:_____

Date:_____

Week 12

From _____ **To** _____

Signature of the
Trainee

Date:_____

Signature of the
Supervisor

Date:_____

Week 15

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date:_____

Date:_____

Week 16

From _____ **To** _____

Signature of the
Trainee

Signature of the
Supervisor

Date:_____

Date:_____

9. Overall Reflection of the Work Experience

Signature of the
Trainee

Date: _____

10. Overall Remarks of the Training Supervisor

(Please ✓ the appropriate cell)

	Excellent	Good	Satisfactory	Needs Improvements	Poor
Job performance					
Human relations skills					
Communication skills					
Demonstration of ethical practices					
Attendance					
Punctuality					
Appearance and grooming					
Level of productivity					
Accuracy of record keeping					
Compliance with directions					
Adaptability to new situations					
Reliability					
Compliance with company policies					

Additional Comments:

Signature of the Supervisor

Date:_____

11. Evaluation of the Board of Examiners

Name of the Examiner	Designation	Signature
1.		
2.		
3.		

Date of Assessment: _____

12. Contact Details

Dean, Faculty of Management and Finance

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Head, Department of Marketing

Telephone: 041-2222681/2, Ext:-3940 **Fax:** 0412227015

Head, Department of Human Resource Management

Telephone: 041-2222681/2, Ext:-3962 **Fax:** 0412227015

Assistant Registrar, Faculty of Management and Finance

Telephone: 041-2222681/2, Ext:-3903 **Fax:** 0412227015

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Notes



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