



**Department of (Name of the Department)
Faculty of Management
University of Peradeniya
INTERNSHIP CONTRACT**

TO BE COMPLETED BY THE STUDENT:

Name : _____

Registration No.: _____

Name of Internship Organization: _____

Name and Position of Internship Supervisor:

Address : _____

Telephone : _____ Fax: _____

E-mail : _____

Brief description of proposed Internship experience:

Date of Start: _____ Date of End: _____

Average working Hours per Week: _____

Student's address (residence and corresponding address) during the Internship:

Telephone: _____ E- mail : _____

TO BE COMPLETED BY THE INTERNSHIP PROVIDING ORGANIZATION:

1. What is the nature and extent of Internship responsibilities?

2. What are the days and hours during which the Internship activities are performed?

3. What specific outcomes are expected from the students undergoing the Internship?

4. What type of professional and other skills do you expect the student to develop?

5. What are the professional guides and Internship available to the student?

6. What are the facilities and resources available for the use of student?

APPROVALS

The signatures below are required before the student is permitted to register for the Internship course and approval of the Internship assignment.

The signatures below indicate that individuals and institutions party to this contract have read the Contract, expressed the consent to the main elements of the proposed Internship experience and agreed to comply with conditions and requirements stated in the Internship guidelines.

Signature of Official of the Internship Organization:

Company seal: _____ Date: _____

Signature of Student: _____ Date: _____

COMMENTS:
