



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

Name of Student : _____

Registration No. : _____

Date : _____

Briefly and clearly explain the progress of duties and responsibilities:

To be completed by the Internship providing organisation.

Is the student progress on the program satisfactory?

Yes No

If no, briefly explain reasons for your judgment, and suggestions for improvement.

Signature of the Internship Supervisor: _____ Date: _____

Institution Stamp: