

4.1 Appendixes

Internship forms are available on FASE webpage: <https://www.ishik.edu.iq/business/internship-forms/>

4.1.1 Appendix 1: Workplace Training and Learning Objective Contract Approval Form

STUDENT INFO (should be filled by student)

Student Name :
 Faculty Registration Number :
 Department :
 E-mail Address :
 Phone Number :

WORKPLACE TRAINING INFORMATION (should be filled by Student)

Period of Placement :
 Duration (Not less than 180 **hours**) :
 Starting Date (DD/MM/YYYY) : Ending Date (DD/MM/YYYY):
 Working hours on the job during the day: From(am) To (pm):

I will be doing my Workplace Training for..... working days between the dates given above and the given time of my existence on the job. In case of any **change of dates or cancellation** of my workplace training I will inform my supervisor **10 (ten) days before** the change occurs. If I act on the contrary I do accept all legal consequences.

Date:/...../.....

Student Signature

The student with the identity declared above, is a registered student at our department who has compulsory Workplace Training.

Date:/...../.....

Faculty Supervisor Signature

HOST ORGANIZATION INFORMATION (should be filled by host organization)

Organization Name :
 Organization Phone Number :
 Supervisor Phone Number :
 E-mail Address :
 Address of The Company :
 Area of Business (Industry) :

Date:/...../.....

Host organization Supervisor name:

Title:

Signature:

LEARNING OBJECTIVES (should be filled by student and host organization)

List the learning objectives, departments, job scope and job to be performed in SHORT which you will experience during the internship period.

Objectives	Department	Job scope and job to be performed in SHORT
Objective #1		
Objective #2		
Objective #3		
Objective #4		

Signature of Host Organization supervisor: _____

Student Signature _____

Name:

Name:

Date:/...../.....

Date:/...../.....