

## 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)

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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: ...../...../.....

Remarks:

1. Students are obliged to hand in the Approval Form before 30<sup>th</sup> of Jun. 2. Without this approval form your “Field Experience” will not be accepted officially.

#### 4.1.2 Appendix 2: Learning Objective Reports

<b>Student Information</b>	
Name and Surname	
Student ID Number	
Student mobile number	
Year	
Students Email Address	
<b>Host Organization Information</b>	
Supervisor Name	
Supervisor Mobile Number	
Start Date of Internship	
End Date of Internship	
Report Date	

#### Disclosure Page

I hereby state and verify by my signature that I have reviewed this internship report. I hereby affirmed that the report contains the actual project or assignment that I (or the company I work for) assigned to this intern.

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Weekly report/ Learning objectives**

At the end of the week describe the work you undertaken about learning objectives (from Sunday to Thursday). At the end of the internship print the pages you fill and ask your supervisor from the company to sign your weekly reports, then the DISCLOSURE PAGE above.

What should be included in your learning objective learning?

ANSWER: Describe where your internship was carried out about the **LEARNINHG OBJECTIVES** which relates to various matters such as, how the work relates to the concepts learnt in the department, how the student develops personally, what the student observes or learns, the challenges the student faces, the questions that come in the mind of the student, the culture of the company, ethics at the workplace, the student’s experience with teamwork at the workplace for each week.

**Please follow the format given below the reports of your objectives should be typed by Microsoft Word, hand writing is not accepted, and all your reports will be checked by Turnitin for the originality purposes.**

**Note:**

**For each objective you should write minimum 300 words, font size should be Times New Roman, size 10.**

<b>1<sup>st</sup> week / 1<sup>st</sup> Objective</b>		
<b>From:</b> /     /	<b>To:</b> /     /	<b>Total working hours:</b>
<b>Supervisor Full Name</b>	<b>Title</b>	<b>Signature and Stump</b>

**4.1.2.1 Appendix 3: Final Report**

<b>Student Information</b>	
Name and Surname	
Student ID Number	
Student mobile number	
Year	
Students Email Address	
<b>Host Organization Information</b>	
Supervisor Name	
Supervisor Mobile Number	
Start Date of Internship	
End Date of Internship	
Report Date	

**Disclosure Page**

I hereby state and verify by my signature that I have reviewed this internship report. I hereby affirmed that the report contains the actual project or assignment that I (or the company I work for) assigned to this intern.

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## Final Report

At the end of the internship describe the work you undertaken. At the end of the internship print the pages you fill and ask your supervisor from the company to sign your final report, then the DISCLOSURE PAGE above.

What should be included in your learning final report?

Describe where your internship was carried out (company, department, location, etc.). Summarize your internship goals, activities, and accomplishments. In addition, describe the key learning’s you took away from your internship. These should be both technical and non-technical (for example, you might describe such things as how your organization was structured, how individuals worked together in your company, how technical employees interacted with customers, what company initiatives you observed, etc.)

**Please follow the format given below for the final report, and it should be typed by Microsoft Word, hand writing is not accepted, your report will be checked by Turnitin for the originality purposes.**

**Note:**

**The final report should not be less than 1500 words, Font Size should be Times New Roman, Size 12.**

<b>Final Report</b>		
<b>From:</b> /     /	<b>To:</b> /     /	<b>Total working hours:</b>

<b>Supervisor Full Name</b>	<b>Title</b>	<b>Signature and Stump</b>

### 4.1.3 Appendix 4: Employer Evaluation of Intern

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#### STUDENT INFO (Student fills this section)

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Name Surname :

Student ID :

Department :

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#### HOST ORGANIZATION INFO (employer fills this section)

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Organization name:

Address :

Phone Number :

Internship Period: ...../...../..... to ...../...../.....

Program Duration (Days) :

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#### To be completed by the Intern Supervisor

The purpose of this form is to provide the intern with feedback about the intern's work and professional skills and competencies. Please be objective and candid in your assessment and discuss this with the intern. The assessment ratings range from 1 to 5 are as follows (circle the appropriate number): 1 = Unsatisfactory

2 = Needs Improvement

3 = Fair Sometimes

4 = Good Usually

5 = Excellent

#### Ability to Learn

1.	Observes and/or pays attention to others.	1	2	3	4	5
2.	Asks relevant and purposeful questions.	1	2	3	4	5
3.	Seeks out and utilizes appropriate resources.	1	2	3	4	5
4.	Accepts responsibility for mistakes and learns from experiences.	1	2	3	4	5
5.	Open to new experiences; takes appropriate risks.	1	2	3	4	5

#### Listening and Oral Communication Skills

1.	Listens to others in an active and attentive manner.	1	2	3	4	5
2.	Comprehends and follows verbal instructions.	1	2	3	4	5
3.	Effectively participates in meetings or group settings.	1	2	3	4	5
4.	Demonstrates effective verbal communication skills.	1	2	3	4	5

#### Creative Thinking and Problem-Solving Skills

1.	Seeks to comprehend and understand the "big picture".	1	2	3	4	5
2.	Breaks down complex tasks/problems into manageable pieces.	1	2	3	4	5
3.	Brainstorms/develops options and ideas.	1	2	3	4	5
4.	Respects input and ideas from other sources and people.	1	2	3	4	5
5.	Demonstrates an analytical capacity.	1	2	3	4	5

**Interpersonal and Teamwork Skills**

1.	Relates to co-workers/team members effectively.	1	2	3	4	5
2.	Manages and resolves conflicts in an effective manner.	1	2	3	4	5
3.	Supports and contributes to a team atmosphere.	1	2	3	4	5
4.	Controls emotions in a manner appropriate for work.	1	2	3	4	5
5.	Demonstrates assertive but appropriate behavior.	1	2	3	4	5

**Basic Work Skills**

1.	Reports to work as scheduled.	1	2	3	4	5
2.	Is prompt in showing up to work and meetings.	1	2	3	4	5
3.	Exhibits a positive and constructive attitude.	1	2	3	4	5
4.	Brings a sense of values and integrity to the job.	1	2	3	4	5
5.	Behaves in an ethical and professional manner.	1	2	3	4	5

**Overall Performance**

1. Would you supervise this intern again? Yes                      No  
 Uncertain If no, please explain:

2. Would you recommend this student to other organizations? Yes                      No  
 Uncertain If no, please explain:

3. Overall performance of this intern:

Unsatisfactory                      Poor                      Average                      Good                      Outstanding

Have you discussed this report with the intern?  Yes  No  WILL DO SO

**Site Supervisor Signature:** .....

**DATE:** ...../...../.....

**D. APPROVAL (Academic Supervisor fills this section)**

APPROVED                       REJECTED

...../...../.....

Academic Supervisor (Name, Title, Signature)

**4.1.4 Appendix 5: Faculty Supervisor Evaluation of Student**

Self	In general, how are things going so far?
	What projects or tasks has the student completed?
	What would you like to see the student focus on in his or her own development?
Students	What have you been learning so far?
	What skills or tasks would you like to work more on?
	Is this experience helping you learn what you do or don't want to do in the future?

