**4.1 Appendixes**

Internship forms are available on FASE webpage: https://business.tiu.edu.iq/student-internship-handbook/.

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

**STUDENT INFO (should be filled by student)**

* Student Name :
* Student ID No. :
* Department :
* E-mail Address :
* Phone Number :

**WORKPLACE TRAINING INFORMATION (should be filled by Student)**

* Period of Placement :
* Duration (Not less than **260 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’s 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) :

Host organization Supervisor name: …………………………………………………………...…….

Title: ………………………………………………………………………………………………….

………………………………………………………………………………………………………...

Signature: ……………….

Date: …..../………/……….

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