



INTERNSHIP PROGRAM



**Faculty of Humanities and Social Sciences
University of Sri Jayewardenepura**

Form B

INTERIM REVIEW REPORT - FOR COMMUNITY WORK/ ENTREPRENEURIAL ACTIVITIES

(This evaluation form is designed primarily to provide feedback on your Internship and related issues to assist the student. This form is to be completed and submitted at the end of the first month.)

Student Profile

STUDENT COMPLETES THIS SECTION	Student's Name:		Academic Year:
	Department :		Registration Number:
	Degree program:		Index Number:
	Email:	Contact No:	Starting date:
	Name of Internal Internship Supervisor:		
Email: Contact No:			

Internship Description

Name of the Project (Nature of community work/ entrepreneurial activity)
The location/Address/ Contact No:
Brief description of the Project / activity/Business
Outline your responsibilities

.....
Student Signature

.....
Date