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USJ/FHSS/QAC/009 – Version 2

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**Application for the Approval of Field Work/ Industrial Visit/ Outstation Practical Visit**

**Quality Assurance Cell**

**Faculty of Humanities and Social Sciences**

**University of Sri Jayewardenepura**

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| **General Information** | | | | | | | | | | | | |
| Department | | | |  | | | | | | | | |
| Academic Year | | | |  | | | Semester | | | |  | |
| Course Code | | | |  | | | | | | | | |
| Course Unit Name | | | |  | | | | | | | | |
| Number of Credits | | | |  | | | | | | | | |
| **Information of the Participants** | | | | | | | | | | | | |
| Lecturer In Charge: | | | |  | | | | | | | | |
| Other Academic Participants (Lecturers, Demonstrators, Instructors etc.) | | | | | | | | | | | | |
| (I). |  | | | | | | (II). |  | | | | |
| (III). |  | | | | | | (IV). |  | | | | |
| (V). |  | | | | | | (VI). |  | | | | |
| Non Academic Participant/s | | | | | | | | | | | | |
| (I). | |  | | | | | (II). |  | | | | |
| No of Students Participate | | | | Male | |  | Female |  | | | | |
| Other Participant/s | | | | | | | | | | | | |
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| **Information of the Field Visit** | | | | | | | | | | | | |
| Date/s Scheduled for | | |  | | | | | | | | | |
| Research Site/s | | |  | | | | | | | | | |
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| Theme of the Field Work | | | | |  | | | | | | | |
| Objective/s of the Field Work | | | | |  | | | | | | | |
| Marks Allocated | | | | |  | | | | | | | |
| Relevancy of the Field Work (Briefly explain): | | | | | | | | | | | | |
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| **Structure of the Field Work** | | | | | | | | | | | | |
| Pre-Field Work: | | | | | | | | | | | | |
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| During the Field Work: | | | | | | | | | | | | |
| Day One: | | | | | | | Day Two: | | | | | |
|  | | | | | | |  | | | | | |
| Day Three: | | | | | | | Day Four: | | | | | |
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| Post Field Work: | | | | | | | | | | | | |
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| **Method/s of Evaluation:** | | | | | | | | | | | | |
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| **Expected Soft Skills Development:** | | | | | | | | | | | | |
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| **Other Related Information** | | | | | | | | | | | | |
| Name of the Applicant | | | |  | | | | | | | | |
| Signature of the Applicant | | | |  | | | | | Date | | |  |
| **Recommendations** | | | | | | | | | | | | |
| Head of the Department: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature | | | |  | | | | | | Date | |  |
| AR/ SAR of the Faculty: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature | | | |  | | | | | | Date | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dean: | | | |
|  | | | |
|  | | | |
| Signature |  | Date: |  |