

1.OBJECTIVES/ GUIDELINES/ AGREEMENT: INTERNSHIP SYNOPSIS (IS TO BE PREPARED IN CONSULTATION WITH FACULTY MENTOR)

An internship is a unique learning experience that integrates studies with practical work. This agreement is written by the student in consultation with the faculty Mentor and Industrial supervisor. It shall serve to clarify the educational purpose of the internship and to ensure understanding of the total learning experience among the principal parties involved.

Part I: Contact Information		
Student		
Name:	Student ID#	
Class Year:		
Campus Address:		
City, State:		
	Email:	
Industrial Supervisor		
Name:	Title:	
Company/Organization:		
Internship Address:		
City,State, Pin:		_
Phone:	Email:	
Faculty Mentor		
Name:	Phone:	
Campus Address:		
Academic Credit Information		
Internship Title:	Department:	
Course #:	Credits:	
Grading Option:	Credit/Non-credit	
Beginning Date:	Ending Date:	



Part II: Internship Objectives/Learning Activities

Internship Objectives: What do you intend to learn, acquire and clarify through this internship? Try to use concrete, measurable terms in listing your learning objectives under each of the following categories:

measurable terms in listing your learning objectives under each of the following categories:

• Knowledge and Understanding

Skills

Learning Activities: How will your internship activities enable you to acquire the knowledge/understanding, and skills you listed above?

On the job: Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, conversations, etc., which you will do while working, relating them to what you intend to learn.

Teaching/Mentoring Activities: How your technical knowledge can be applied at the site of the internship. How you can create value through mentoring/help people learn new things.

Off the job: List reading, writing, contact with faculty supervisor, peer group discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

Evaluation: Your Internship supervisor will provide a written evaluation of your internship. Describe in detail what other evidence you will provide to your faculty Mentor to document what you have learned (e.g. journal, analytic paper, project, descriptive paper, oral presentation, etc.) Include deadline dates.



Part III: The Internship	
Job Description: Describe in as much detail as possible you duties, project to be completed, deadlines, etc. How ca	our role and responsibilities while on your internship. List an you contribute to the organization/site of internship.
Supervision: Describe in as much detail as possible the what kind of instruction, assistance, consultation you	supervision to be provided/needed at the work site. List will receive from whom, etc.
Evaluation: How will your work performance be ev	valuated? By whom? When?
Part IV: Agreement	
This contract may be terminated or amended by student written notice, which is received and agreed to be	t, faculty coordinator or work supervisor at any time upon by the other two parties.
Student	Date
Faculty Mentor	Date
Industry Supervisor	Date



2: STUDENT'S DAILY DIARY/ DAILY LOG

DAY-1	DATE	
Time of arrival	Time of Departure	
Deptt./Division	Name of finished Product	
Name of HOD/		
Supervisor e-mail id		
Main points of the day		

DAY-2	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	
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DAY-4

DAY-3	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-6

DAY-5	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-7	DATE	
Time of arrival	Time of Departure	
Deptt./Division	Name of finished Product	
Name of HOD/		
Supervisor e-mail id		
Main points of the day		

DAY-8	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-10

DAY-9	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-11	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-12	DATE	
Time of arrival	Time of Departure	
Deptt./Division	Name of finished Product	
Name of HOD/		
Supervisor e-mail id		
Main points of the day		



DAY-13	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-14	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



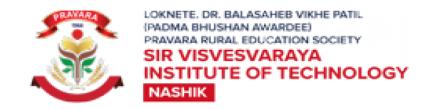
DAY-15	DATE
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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-16	DATE
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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



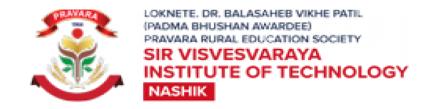
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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-18	DATE
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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-19	DATE
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Supervisor e-mail id	
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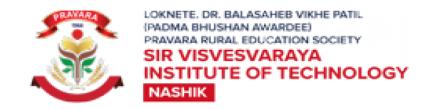
DAY-20	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
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Supervisor e-mail id	
Main points of the day	



DAY-22

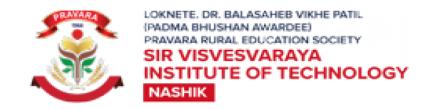
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Supervisor e-mail id	
Main points of the day	

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DAY-23	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
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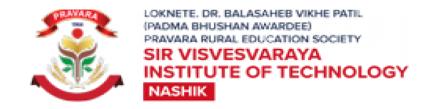
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Deptt./Division	Name of finished Product	
Name of HOD/		
Supervisor e-mail id		
Main points of the day		



DAY-26

DAY-25	DATE
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Supervisor e-mail id	
Main points of the day	

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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-27	DATE
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Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-28	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	



DAY-29	DATE
Time of arrival	Time of Departure
Deptt./Division	Name of finished Product
Name of HOD/	
Supervisor e-mail id	
Main points of the day	

DAY-30	DATE	
Time of arrival	Time of Departure	
Deptt./Division	Name of finished Product	
Name of HOD/		
Supervisor e-mail id		
Main points of the day		
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Name)	Co	nta	ict l	No.												



4.HOD/SUPERVISOR EVALUATION OF INTERN

Student Name:	Date:			
Work Supervisor:			_Title:	
Company/Organization:				
Internship Address:				
Dates of Internship: From	To			
Please evaluate your intern by indicating the freque		you observed t	he following be	haviors:
Parameters	Needs improvement	Satisfactory	Good	Excellent
Behaviors				
Performs in a dependable manner				
Cooperates with co-workers and supervisors				
Shows interest in work				
Learns quickly				
Shows initiative				
Produces high quality work				
Accepts responsibility				
Accepts criticism				
Demonstrates organizational skills				
Uses technical knowledge and expertise				
Shows good judgment				
Demonstrates creativity/originality				
Analyzes problems effectively				
Is self-reliant				
Communicates well				
Writes effectively				
Has a professional attitude				
Gives a professional appearance				
Is punctual				
Uses time effectively				
Overall performance of student intern (circle one):			
(Needs improvement/ Satisfactory/	Good/		_Excellent)	
Additional comments, if any:				
Signature of Industry supervisor	HR N	Manager		



4.sssSTUDENT FEEDBACK OF INTERNSHIP (TO BE FILLED BY STUDENTS AFTERINTERNSHIP COMPLETION)

Student Name.		Dat	.e							
Industrial Supervisor:	Title	Title:								
Supervisor Email:		Into	Internship is:PaidUnpa							
Company/Organization:										
Internship Address:										
Faculty Coordinator:		Der	partment:							
Dates of Internship: From	To_									
Please fill out the above in full det	:ail									
Give a brief description of your internship \boldsymbol{w}	vork (title an	d tasks for wh	ich you were resp	onsible):						
Was your internship experience relate	d to your m	najor area of	study?							
Yes, to a large degree		Yes, to a slig	jht degree	No, r	not related at all					
Indicate the degree to which you agre	e or disagr	ee with the fo	ollowing statem	ents.						
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree					
Given me the opportunity to explore a career field										
Allowed me to apply classroom theory to practice										
Helped me develop my decision-making and problem-solving skills										
Expanded my knowledge about the work world prior to permanent employment										
Helped medevelop my written and oral communication skills										
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)										
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree					
Expanded my sensitivity to the ethical										



Made it possible for me to be more confident in new situations			
Given me a chance to improve my interpersonal skills			
Helped me learn to handle responsibility and use my time wisely			
Helped me discover new aspects of myselfthat I didn't know existed before			
Helped me develop new interests and abilities			
Helped me clarify my career goals			
Provided me with contacts which may lead to future employment			
Allowed me to acquire information and/ or use equipment not available at my Institute			

In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not?

How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately?

In what areas did you most develop and improve?

What has been the most significant accomplishment or satisfying moment of your internship?

What did you dislike about the internship?

Considering your overall experience, how would you rate this internship? (Circle one).

(Satisfactory/ Good/ Excellent)

Give suggestions as to how your internship experience could have been improved. (Could you have handled added responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer supervision needed? Was more of an orientation required?)



In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not? How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately? In what areas did you most develop and improve? What has been the most significant accomplishment or satisfying moment of your internship? What did you dislike about the internship? Considering your overall experience, how would you rate this internship? (Circle one). (Satisfactory/ Good/ Excellent) Give suggestions as to how your internship experience could have been improved. (Could you have handled added

responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer

supervision needed? Was more of an orientation required?)



4. EVALUTION OF INTERNSHIP BY INSTITUTE

DEPARTMENT OF TRAINING AND PLACEMENT

Ph	FaxEmail							
Evaluation (I)								
1.	Name of Student	Mob. No						
2.	College Roll No.	University Roll No.						
3.	Branch/Semester	Period of Training						
4.	Home Address with contact No							
5.	Address of Training Site:							
6.	Address of Training Providing Agency:							
7.	Name/Designation of TrainingIn- charge							
8.	Type ofWork							
9.	Date of Evaluation							
	a) Attendance: _ (Satisfactory/ Good/ Excellent)							
	b) Practical Work: (Satisfactory/ Good/ Excellent							
	c) Faculty's Evaluation: _ (Satisfactory/ Good/ Excellent)							
	d) Evaluation of Industry:(Satisfactory/ Good/ Excellent)							
Ove	erall grade: (Satisfactory/ Good/ Excellent)							
S	ignatureof Faculty Mentor	Signature of Internship Supervisor (Industry)						
		With date andstamp						



INTERNSHIP EVALUATION REPORT

Name & Address of Organization

Sr. No.	Name of Student	Roll No.	Marks to be awarded by		OVER ALL GRADE	
			Punctuality Grade (Satisfactory/ Good/ Excellent)	Maintenance of Daily Diary Grade (Satisfactory/ Good/ Excellent)	Skill Test Grade (Satisfactory/ Good/ Excellent)	



7.GEOTAG PHOTOGRAPHS

