

Practical Training Record Book

Academic Year 2018/2019

ECO 421(6)

BA(Hons.) in **Economics** Degree Programme

Name of the St	udent:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	
Index No:				

Department of Economics and Statistics Faculty of Social Sciences and Languages Sabaragamuwa University of Sri Lanka P.O. Box 02 Belihuloya

INSTRUCTIONS

- > Students should be trained under the supervision of a senior officer of the organization (Training Supervisor) in the place where they are being trained
- A full report of the job done by the student must be documented in the Practical Training Record Book by themselves at the end of each day. Students will receive a Training Record Book, which should be filled regularly and maintained neatly (During the training period, Pages 1-18)
- ➤ The training supervisor of the training organization or his/her authorized representative needs to be certified in the training records (During the training period, pages 1-18)
- ➤ The training supervisor must fill in any further suggestions, comments, or feedback related to practical training (Page 19)
- A brief explanation of difficulties experienced by students during practical training, as well as any ideas made to overcome, to be filled by students (Page 20)
- The training supervisor must offer a letter of certification and that is approved by the academic supervisor in order for the entire training process to be accepted (Page 21)

Note:

- ➤ The students are advised to complete a minimum of 60% attendance from the commencement of the practical training
- ➤ The Training Record Book should be available whenever needed for the Dean of the Faculty of Social Science and Languages, Head of the Department, Coordinator/PTU, Subject Coordinator, Academic Supervisor, or Training Supervisor
- After the minimum training period is completed, the student should fill in the training summary and then hand over the Training Record Book to the Head of the Department/Coordinator of the Practical Training Unit.

IDENTIFICATION

1.	I.	Name in full	:	
	ii.	Name with Initials	:	
2.		Registration Numb	er :	
3.		Year of Admission	i :	
4.		Date of Birth	:	
5.		Private Address	:	
6.		Telephone Number	r :	
7.		Academic Superv	isor	
		i. Name	:	
		ii. Telephone Nur	mber :	
8.		Training Organiz	ation	
		i. Name of the O	rganization:	
		ii. Official Addres	ss :	
		iii. Training S	Supervisor,	
		Name	:	
		Designation	n :	
		Telephone	No :	
9.		Date of the Commo	encement of Training:	
10.		Date of the Comple	etion of Training :	
Signat	ure (Signature of the Training Supervisor (Rubber stamp)	Signature of the Student

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REMARKS OF THE TRAINING SUPERVISOR

(To be filled by the Training Supervisor)

Remarks of the Training Supervisor:		
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Signature of the Training Supervisor		
Rubber stamp		

PROBLEMS ENCOUNTERRED AND SUGGESTIONS

(To be filled by the student)

Any problem/s encountered in the training: -		
The method/s of overcoming them;		
Signature of the Student		

LETTER OF CERTIFICATION

The foregoing is a true record of train	ining acquired by the student
Mr./Mrs./Miss	
Date	Signature of the Training Supervisor
	Rubber stamp:
I hereby certify that Mr./Mrs. Miss.	
of Bachelor of Arts Honors in	
successfully completed a four month	n practical training.
Date	Signature of the Academic Supervisor

Number of Contacts of Student with the Academic Supervisor

Date	Description	Signature of the Academic Supervisor