



**KULLIYAH OF ISLAMIC REVEALED
KNOWLEDGE AND HUMAN SCIENCES**

**INTERNSHIP
PROGRAMME
(KIP)
FORMS &
LETTERS**



KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

INTERNSHIP APPLICATION FORM

INSTRUCTIONS:

- Use **BLUE** or **BLACK** ink. Please write clearly.
- Attach a copy of your Partial Transcript. The transcript **MUST** be certified by student's respective **MENTOR/INTERNSHIP COORDINATOR/ACADEMIC ADVISOR**.
- Completed form must be submitted to the Internship Coordinator the latest by the **third week** of Semester 2.

A. STUDENT'S PARTICULARS

Full name:			Affix recent photo here
Matric no.:	Marital Status:		
Current semester:	Area of specialisation:		
Expected graduation:	Proposed commencement of Internship:		
Semester ____/ 20 ____	Semester ____/ 20 ____		
Correspondence address:			
Mobile no.:	Tel. no. (Home):	E-mail address :	

B. In case of emergency, please contact (next of kin):

Name: _____

Relationship with student: _____

Permanent address (if different from the above): _____

Mobile no.: _____ Tel. no.: _____

Email address (if any): _____

C. DECLARATION

I acknowledge that all information written on this form is true.

Signature: _____ Date: _____

D. FOR DEPARTMENTAL USE ONLY

Date received application form: _____

Department's decision: Approved Not approved (if not approved, please comment)

Comments:

Assigned Internship Supervisor: _____

Zone (If applicable):

North

South

East

West/ (Klang Valley)

East Malaysia (Sabah & Sarawak)

Signatures:

Internship Coordinator

Date

Head of Department

Date



KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

REPORT FOR DUTY FORM

SECTION A – TO BE COMPLETED BY STUDENT

Name:	Matric No.:
Area of specialisation:	Mobile No.:
Signature:	Date:

SECTION B – TO BE COMPLETED BY THE INTERNSHIP SUPERVISOR (HOST COMPANY)

This is to confirm that _____ (*Student's Name*)
has registered for Internship starting on _____ (*Date of Registration*) at

_____ (*Host Company Name*).

Thank you.

Signature: _____ Date: _____

Name: _____

Designation: _____

Official stamp: _____ Tel. No. (Office): _____

Please **mail** or **fax** this form within one week after student's registration to:

INTERNSHIP COORDINATOR

Department of _____
Kulliyah of Islamic Revealed Knowledge and Human Sciences
International Islamic University Malaysia
P. O. Box 10, 50728 KUALA LUMPUR

Tel. no.: _____ Fax no.: _____



KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

EVALUATION FORM (HOST COMPANY)

A. STUDENT'S PARTICULARS

Name:	
Matric No.:	

B. PARTICULARS OF ORGANIZATION

Name of the Organisation:	
Address:	
Name of the Supervisor:	
Position in the Organisation:	

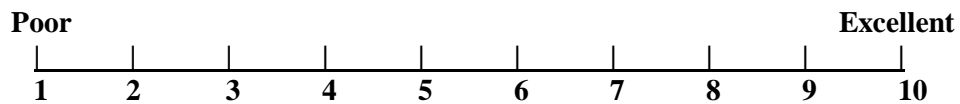
SUPERVISOR EVALUATION

Please circle the appropriate answers for the performance attributes according to the following scale:

SATISFACTORY	GOOD	VERY GOOD	EXCELLENT
1	2	3	4

NO	ATTRIBUTES	1	2	3	4
1.	Integrity	1	2	3	4
2.	Independence	1	2	3	4
3.	Willingness to learn	1	2	3	4
4.	Commitment	1	2	3	4
5.	Teamwork spirit	1	2	3	4
6.	Confidence	1	2	3	4
7.	Leadership qualities	1	2	3	4
8.	Diligence	1	2	3	4
9.	Communication skills	1	2	3	4
10.	Readiness to work under pressure	1	2	3	4
TOTAL					

1. Circle the student's overall performance



2. Based on the rating please give your comment.

3. Please give your suggestion to improve the training.

Supervisor's signature:

(NAME & OFFICIAL STAMP)

Date: _____

Thank you for supporting our KIRKHS Internship Programme (SIP). Your kind cooperation and assistance is highly appreciated.

Please **mail** or **fax** this evaluation form to:

INTERNSHIP COORDINATOR

Department of _____
Kulliyah of Islamic Revealed Knowledge and Human Sciences
International Islamic University Malaysia
P. O. Box 10, 50728 KUALA LUMPUR

Tel. no.: _____ Fax no.: _____



KULLIYAH ILMU WAHYU DAN SAINS KEMANUSIAAN
 JABATAN _____

BORANG PENILAIAN

A. BUTIR-BUTIR PELAJAR

Nama:	
No. matrik:	

B. BUTIR-BUTIR ORGANISASI

Nama Organisasi	
Alamat:	
Nama Penyelia:	
Jawatan:	

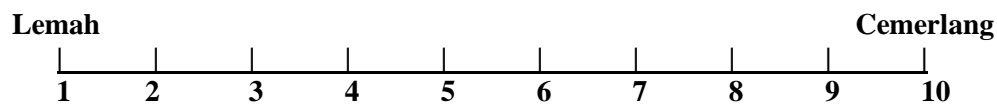
PENILAIAN PENYELIA

1. Sila bulatkan jawapan yang sesuai bagi ciri-ciri prestasi mengikut sekala berikut:

MEMUASKAN	BAIK	SANGAT BAIK	CEMERLANG
1	2	3	4

NO	CIRI-CIRI	1	2	3	4
1.	Integriti	1	2	3	4
2.	Berdikari	1	2	3	4
3.	Kesediaan untuk belajar	1	2	3	4
4.	Komitmen	1	2	3	4
5.	Semangat berpasukan	1	2	3	4
6.	Keyakinan	1	2	3	4
7.	Kualiti-kualiti Kepimpinan	1	2	3	4
8.	Ketekunan	1	2	3	4
9.	Kemahiran Berkomunikasi	1	2	3	4
10.	Kesediaan bekerja di bawah tekanan	1	2	3	4
	JUMLAH				

1. Sila bulatkan prestasi umum pelajar tersebut:



2. Berdasarkan penilaian yang diberi, sila berikan pendapat anda.

3. Sila berikan cadangan-cadangan anda untuk memperbaiki latihan praktikal ini.

Tandatangan Penyelia:

(NAMA DAN COP RASMI)

Tarikh: _____

Kami ingin mengucapkan ribuan terima kasih kepada pihak Tuan/ Puan dalam menjayakan Program Internship yang dikendalikan oleh KIRKHS, IUM. Kerjasama dan bantuan pihak Tuan/ Puan sangat kami hargai.

Sila **pos** atau **faks** borang penilaian ini kepada:

PENYELARAS INTERNSHIP

Jabatan _____

Kulliyah Ilmu Wahyu dan Sains Kemanusiaan
Universiti Islam Antarabangsa Malaysia
Peti Surat 10, 50728 KUALA LUMPUR

Tel. no.: _____ Fax no.: _____



KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

ACADEMIC SUPERVISOR'S INTERNSHIP REPORT
(to be completed by appointed lecturer from the Department)

STUDENT'S PARTICULARS	
Name:	
Matric no.:	

PARTICULARS OF ORGANIZATION	
Name of organization:	
Address:	
Contact:	
Name of supervisor:	
Designation:	

DETAILS OF EVALUATION	
Date of evaluation:	
Mode of evaluation:	Site visit/ phone call / skype (video conference)/ email/ Others (please specify)

TO BE FILLED BY THE VISITING SUPERVISOR

*Please (✓) to evaluate the student performance based on the discussion with the host supervisor

	ITEMS	VERY DISSATISFIED	DISSATISFIED	SOMEWHAT DISSATISFIED/S ATISFIED	SATISFIED	VERY SATISFIED	NOT APPLICABLE
		1	2	3	4	5	6
A. FUNCTIONAL SKILLS							
1	Adaptable problem-solving skills						
2	Process evaluation/analyses						
3	Problem-solving skills						
4	Computer skills						
5	Decision-making ability						
6	Production/Technical skills						
7	Writing/language skills						
8	Task management						
B. SOFT SKILLS							
1	Interpersonal skills/presence						
2	Creative and critical thinking						
3	Teamwork skills						
4	Communications skills						
5	Time management						
6	Self-management						

Additional remarks :

Any specific comments/complaints from the host supervisor.

Overall comments on the host company.
Do you recommend this company for future internship? Yes () No () Why?

Assessed by:

Signature : _____

Name : _____

Date : _____

* To be printed on host company/ organisation letterhead.

Internship Coordinator
Department of _____
Kulliyah of Islamic Revealed Knowledge & Human Sciences
International Islamic University Malaysia
P.O. Box 10, 50728 Kuala Lumpur

Dear Sir/ Madam,

CONFIRMATION OF INTERNSHIP COMPLETION

I am pleased to inform you that your student has successfully completed the internship training at our organization. Details of the student are as follows:

Student's name :
Matric no. :
Internship duration :

Thank you.

Yours sincerely,

.....
Name :
Position :

Penyelaras Internship
Jabatan _____
Kulliyah Ilmu Wahyu dan Sains Kemanusiaan
Universiti Islam Antarabangsa Malaysia
Peti Surat 10, 50728 Kuala Lumpur.

Tuan/ Puan,

PENGESAHAN TAMAT PROGRAM INTERNSHIP

Dengan ini dimaklumkan bahawa pelajar tuan/puan telah berjaya menamatkan latihan internship di organisasi kami. Berikut adalah butiran pelajar berkenaan:

Nama pelajar :
No. matrik :
Tempoh latihan :

Terima kasih.

Yang benar,

.....
Nama Pegawai :
Jawatan :



**LOG BOOK
&
ATTENDANCE
SHEET**



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونَيْتِي سَلَامًا أَنْتَ أَرَاغْتِنَا مَلِيْسِيَا

KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

LOG BOOK

DATE OF INTERNSHIP: FROM: _____ TO: _____

A. STUDENT'S PARTICULARS

Name:

Matric No.:

B. PARTICULARS OF ORGANIZATION

Name of the
Organisation:

Address:

Name of the
Supervisor:

Position in the
Organisation:

WEEK 1

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 2

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 3

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 4

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 5

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 6

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 7

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 8

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WEEK 9

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WEEK 10

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 11

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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WEEK 12

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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(_ / _ / _)		
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WEEK 13

DATE	DESCRIPTION OF ASSIGNMENT	REMARKS BY SUPERVISOR
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الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونَيْتِيسِيْتِي اِسْلَامِيَّةٌ اِنْتَبَاهُ اِبْحْسَابًا مِلَلِيَّةً

KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES
DEPARTMENT OF _____

ATTENDANCE SHEET

MONTH: _____

STUDENT'S PARTICULARS

Name:

Matric No.:

DATE	TIME IN	TIME OUT	REMARKS (√)			SIGNATURE
			LATE	ABSENT	MC	
1						
2						
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Verified by:

(Signature)

Name: _____ Date: _____

Designation: _____

Official Stamp of Company:

* Please fax or email this attendance sheet to respective Internship coordinator.