



Marketing Management
University of Kelaniya, Sri Lanka

REFLECTIVE INTERNSHIP RECORD

(Manual Summary Record for Monthly Internship Experience)

1. Student and Internship Information

Name with Initials	
Student Number	
Mobile Number	
Address	
NIC Number	
Internship Designation	
Department / Division	
Start Date	
End or Expected End Date	

2. Organization and Supervisor Information

Organization Name	
Industry / Business Type	
Contact Number	
Organization Address	
Supervisor's Name	
Supervisor's Designation	
Supervisor's Email Address	
Supervisor's Contact Number	

MONTH 1 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

Month 1 of 6

MONTH 2 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

Month 2 of 6

MONTH 3 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

Month 3 of 6

MONTH 4 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

Month 4 of 6

MONTH 5 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

MONTH 6 – REFLECTIVE INTERNSHIP RECORD

Student Number		Month / Year	
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Tick (✓) the relevant experience area(s) for each week and complete the week dates, hours and supervisor initials.

Experience Area / Record	Week 1	Week 2	Week 3	Week 4
Week Date Range (From - To)				
Marketing Research				
Product / Service Management				
Marketing Communication				
Sales / Customer Relations & Services				
General Management				
Auditing & Accounting				
Other Marketing-related Area				
Total Hours Completed				
Monthly Total Hours				

Monthly Confirmation

Signature of the Student		Signature of the Supervisor	
Date		Date	

Notes / Key Activities / Learnings / Issues

Month 6 of 6

Important Notice to Students

Dear Students,

This **Reflective Internship Record** has been developed by the **Department of Marketing Management, University of Kelaniya**, for the evaluation requirements of the Internship course modules **BMKT 43046 / BDMK 43246**.

Due to the ongoing technical issues with the Internship Management System, which has not yet been fully restored, the Department has introduced this manual summary record to ensure that your internship evaluation process continues without interruption.

You are required to **complete this document manually**, obtain the necessary **approval and signature from your internship supervisor**, and retain the completed record throughout your internship period. Once completed, please **scan the full document and upload the scanned copy to the LMS** according to the instructions provided by the Department.

Your cooperation in completing and submitting this record accurately and on time is highly appreciated.

Best Regards,

Internship Coordinators

Department of Marketing Management

University of Kelaniya