

PRACTICUM CONFIRMATION AND ACCEPTANCE FORM

IMPORTANT INFORMATION

- STUDENTS ACCEPTED FOR PRACTICUM IN A HOST COMPANY WILL HAVE TO ACCOMPLISH THIS FORM.
- ASK THE PRACTICUM SUPERVISOR/ COMPANY REPRESENTATIVE TO FILL IN THE DETAILS OF THE TRAINING.
- SUBMIT TO THE PRACTICUM ADVISER/COORDINATOR PRIOR TO THE START OF TRAINING.

NAME OF STUDENT	<input type="text"/>	STUDENT NUMBER	<input type="text"/>
COURSE CODE	<input type="text"/>	SY/TERM ENROLLED	<input type="text"/>

This is to certify that _____ (*name of student-trainee*) has been accepted for practicum at _____ (*name and address of establishment*) and will be attached to the _____ department/s for a minimum of, but not limited to _____ hours. Training will commence on _____ and is expected to end on _____. Attached is the list of requirements.

COMPANY REPRESENTATIVE	
_____ Signature over Printed Name	_____ Official Designation
_____ Department	_____ Email and Contact Number/s

NOTED BY	
_____ Signature over printed name of Practicum Coordinator	_____ Date

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