



ACCEPTANCE FORM

COLLEGE COPY

STUDENT INFORMATION		
NAME JOSEPH C. ALEGIOJO	PROGRAM BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	
COURSE ITPRA1	SECTION IT601A	SCHEDULE MON – TUE 11:00 AM – 12:00 PM
YEAR LEVEL 3 rd Year	EMAIL ADDRESS otepalegiojo@gmail.com	CONTACT NUMBER 09639155753
TRAINING SCHEDULE (DAY) MONDAY - THURSDAY	TRAINING SCHEDULE (TIME) 1: 00 - 5: 00 PM	REQUIRED NUMBER OF HOURS 250
COMPANY PROFILE		
COMPANY NAME Philippine Nurses Association Cebu Chapter Inc.		
ADDRESS Capitol Site, Cebu City, Cebu, Philippines		CONTACT NUMBER (032) 254 - 7454
NAME OF SUPERVISOR GINA MACABALE		CONTACT NUMBER 09931559896

NOTED BY

GINA MACABALE
COMPANY REPRESENTATIVE

January 21, 2025
DATE



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