



ACCEPTANCE FORM

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 3rd 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



ACCEPTANCE FORM

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 3rd 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