



College of Computing Studies, Information and Communication Technology

PARENTS' CONSENT

I, Mr. JOSEPH P. GOROSPE, with 45 of age, parents of DENVER DEO GOROSPE,
Name of Parents/Guardian Name of Student

BSIT 3-1 student, grant our permission to our child to conduct Capstone Project System
Course Yr. & Sec.

Planning, Designing and Development at DENR- SAN ISIDRO, ISABELA for the Second
Name and Address of Agency

Semester A.Y. 2023-2024, on days stipulated in their schedule (please refer to attached schedule) as part of their **Capstone Project and Research 1**. In the unlikely event that the damages and/or liabilities of whatever nature may arise in connection with the activity (inside the objectives of the immersion activities or beyond the control of the faculty in charge), we hold the University, its officers, coordinators and faculty free and harmless of any damages and liabilities.

JOSEPH P. GOROSPE
Printed Name and Signature of Guardian

09262608247
Contact Number of Guardian

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Printed Name and Signature of Guardian

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Contact Number of Guardian

REPUBLIC OF THE PHILIPPINES)
Province of Isabela) S. C.
Municipality of ECHAGUE)

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