

APPLICATION FOR ENDORSEMENT LETTER AND MEMORANDUM OF AGREEMENT

Name of Student-Trainee	
Course and Year	
Name of Establishment for OJT	
Address of Establishment	
Contact Person of the Establishment (Supervisor, Manager or its equivalent) Position	
Contact Number	
Number of Hours	
Department or Area of Training(s)	1. 2. 3. 4. 5.
(For BSIT)	<p>The following will be the expected duties and tasks to be done at the institution during the training:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>

SIGNATURE OVER PRINTED NAME