*Date [MM/DD/YYYY]*

***Mr/Ms. NAME OF CONTACT PERSON***

*Position*

*Company Name*

*Company Address*

Dear ***Mr/Ms. Contact Person***,

We are an educational institution responsible in helping and molding students to become qualified professionals in various industries. As part of the standard procedures and curriculum requirements, students go through actual experience in the specific industry of specialization through the **Internship / On-the-Job Training Program**. This program provides our graduating students the opportunity to apply their knowledge and skills in the industry.

In view of this, we request your prestigious establishment to accommodate our student-trainee/s to work with you for a period of **340 hrs** to commence at your discretion, through an ***onsite/hybrid*** work arrangement.

***William Duncan O. Gonzales***

Requirements leading to **Bachelor of Science in Information Technology (Information & Network Security Elective Track)** have already been completed by our recommendee/s. The opportunity you extend to our students will certainly pave the way for their success as future professionals and productive citizens.

We shall remain grateful to you for your kind assistance and support.

Very truly yours,

**Asst. Prof. ALI A. NAIM, MIS**

Institute/College Internship Coordinator

College of Computing & Information Sciences

**Noted by: Approved by:**

**Prof. JOEL B. MANGABA, DT CYNTHIA MARGARETTA R. JOSE**

Institute/College Dean Director

College of Computing & Information Sciences Center for Linkages and Placement

**=================================================================================================**

**ACCEPTANCE LETTER**

*(to be completed by the company representative)*

We are pleased to accept the above-named student/s as an intern/s at (training company)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours per day from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(working hours per day ) (start date of training) (end date of training)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_