**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

|  |  |
| --- | --- |
| Name of Intern: John Ricmar C. Alagos | Course/Yr. & Section: BSIT 4-A |
| Age: 23 | Gender: Male |
| Contact #: 09090282111 | Email address: johnricmaralagos70@gmail.com |
| HTE: Nimbustechnologies INC. | HTE Address: 4th Floor, BJS Building, 1869 P. Domingo, St, Makati 1206 Metro Manila |
| HTE Supervisor: Grazel Anne Soriano | SIP Coordinator: Maria Cristina S. Boton |
| Start Date: | |

**Pre-Internship Requirements Total Number of Hours Rendered**

☐ COR (Certificate of Registration) January˸ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Curriculum Checklist February˸ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ F3 Internship Contract Agreement March˸ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Student Internship Program MOA April ˸ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May˸ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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☐ Parent’s Consent

☐ F1 LOE (Letter of Endorsement)

☐ F2 NOA (Notice of Acceptance)

**CARDSIS Requirements Post Internship Requirements**

☐ Request Letter ☐ F7 Intern Performance Appraisal Form ☐ Approved work plan/Individual Intern Plan ☐ Narrative

☐ Form A and Medical Certificate ☐ Exit survey

☐ Psycho-emotional Certificate ☐ Certificate of Completion

☐ Photocopy of ID (Parents)

**During Internship Requirements**

☐ Monthly Meeting (every last Monday of the month)

☐ Weekly Status Report (With supervisor’s comment)

☐ DTR

Checked by:

**LYN M. DALISAYMO, MIT**

Faculty Handling Internship