**NOTICE OF ACCEPTANCE**

**To be completed by the Agency**

Host Training Establishment (HTE): **Nimbus Technology,Inc**

Address: **4th Floor BJS Bldg.1869 P. Domingo St.Brgy Kasilawan, Makati, Philippines,1204**

Phone Number: **09175906454**

E-Mail Address: **jomar.santiago[@nimbus.com.ph](mailto:ginion@rgsrecovery.com.ph)**

An interview has been completed with **Eljohn Tristan C. Del Rosario** on **January 17, 2025**

We will accept this student for an internship placement during the following time period.

\_\_\_\_\_ 1st Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May 2025**

**January 2025**

\_\_\_\_\_ 2nd Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Midyear term (Summer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student intern’s On-Site Supervisor will be:

Name of Supervisor: **Grazel Anne Soriano**

Title/Position: **Senior Account Manager**

Contact Number: **09055196733**\_\_\_\_\_\_\_\_\_\_\_

The intern’s responsibilities are described below or are attached to this document.

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**Grazel Anne Soriano**

Representative of HTE

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