

PRACTICUM CONFIRMATION AND ACCEPTANCE FORM

IMPORTANT INFORMATION

- STUDENTS ACCEPTED FOR PRACTICUM IN A HOST COMPANY WILL HAVE TO ACCOMPLISH THIS FORM.
- ASK THE PRACTICUM SUPERVISOR/ COMPANY REPRESENTATIVE TO FILL IN THE DETAILS OF THE TRAINING.
- SUBMIT TO THE PRACTICUM ADVISER/COORDINATOR PRIOR TO THE START OF TRAINING.

NAME OF STUDENT	DIMAANO, JAYRON D.	STUDENT NUMBER	2021130130
COURSE CODE	IT199F	SY/TERM ENROLLED	4th year 3rd term

This is to certify that JAYRON D. DIMAANO (name of student-trainee) has been accepted for practicum at CITY GOVERNMENT OF BIÑAN/ BRGY. ZAPOTA, CITY OF BIÑAN, LAGUNA (name and address of establishment) and will be attached to the ICTO department/s for a minimum of, but not limited to 486 hours. Training will commence on MAY 13, 2025 and is expected to end on AUGUST 4 2025. Attached is the list of requirements.

COMPANY REPRESENTATIVE

<u>JENNY ANNE B. SARMIENTO</u> Head, City Human Resources Development Office Signature over Printed Name	<u>chr.d@binan.gov.ph / 049-513-5013</u> Official Designation Email and Contact Number/s
Department	

NOTED BY

Signature over printed name of Practicum Coordinator	Date
--	------