PARENT CONSENT

This is to certify that I am allowing my son/ daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Student’s Name)*

To take part in the On-The-Job Training Program (OJT) for a minimum of 250 hours starting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Date) (Date) (Company Name)*

in partial fulfillment of the requirements for the *Bachelor of Science in Information Technology*

It is understood that he/she will abide the rules and regulations that may be imposed by the Supervisor/staff-in-charge for his/her welfare and safety.

I fully agree to waive any responsibility on the part of the Bestlink College of the Philippines, and/or its representatives for any untoward incident which may happen to my son/daughter during of the practicum.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian DATE

*(Signature over Printed Name)*

Student Number:

Student Name:

Relationship to Student:

Home Address:

Telephone/Cellphone No.:

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Name**

Position

Address

Dear Sir/Maam,

Greetings!

In line with our objective to provide our students with a holistic, quality, and relevant education in all discipline, we have always emphasized a dynamic curriculum; hence, instruction is pragmatic in approach. Students are given the best training after having finished the theoretical requirements in school.

It is in this context that this office wishes to recommend**,**

**Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** a ***Bachelor of Science in Information Technology (BSIT)*** student to undergo training in your company, for two fifty (250) hours.

We look forward for your favorable response on this matter. Thank you for being a part of our thrust to provide the youth with quality education.

Very truly yours,

**Mr. Vincent Carlo T. Garados**

Practicum Coordinator

*Noted by:*

**Mr. Rommel J. Constantino**

*Head, CCS/BSIT*

# ACCEPTANCE LETTER

Date:

TO: **CONVICTO, ALVIN M.**

Position

Address

This confirms the acceptance of **CONVICTO, ALVIN M.**as a trainee. As such, he/she will be given work exposure in the areas indicated in the enclosed job description.

This also confirms that the College of Computer Studies, Bestlink College of the Philippines, reserves the right to discontinue the internship of the above if the work exposure does not meet the requirements set by the College.

This will also confirms that our company reserves the right to discontinue the training of the above, should the student fail to meet the standards mutually agreed on by the College of Computer Studies and our company.

Further, our company agrees to set the internal company work schedule and objectives followed by the student trainee, such work schedule is to be supervised by a duly assigned officer of the company.

Lastly, the company agrees to mutually consult with the assigned practicum coordinator of the College of Computer Studies to discuss the trainee’s work progress.

|  |  |
| --- | --- |
| SIGNATURE OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PRINTED NAME OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| JOB TITLE OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME OF COMPANY | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OFFICE ADDRESS | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TELEPHONE NUMBER/S | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMAIL ADRESS | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send this form along with the practicumer’s job description form immediately upon acceptance of the student.

1044 Bestlink Building, Brgy. Sta.Monica,Quirino Highway, Novaliches, Quezon City Philippines

Tel. Nos. 02.417.4355; 02.930.1565; [http://www.bcp.edu.ph](http://www.bcp.edu.ph/)

# ACCEPTANCE LETTER

Date:

TO: **CUPAT, RIO J.**

Position

Address

This confirms the acceptance of **CUPAT.**as a trainee. As such, he/she will be given work exposure in the areas indicated in the enclosed job description.

This also confirms that the College of Computer Studies, Bestlink College of the Philippines, reserves the right to discontinue the internship of the above if the work exposure does not meet the requirements set by the College.

This will also confirms that our company reserves the right to discontinue the training of the above, should the student fail to meet the standards mutually agreed on by the College of Computer Studies and our company.

Further, our company agrees to set the internal company work schedule and objectives followed by the student trainee, such work schedule is to be supervised by a duly assigned officer of the company.

Lastly, the company agrees to mutually consult with the assigned practicum coordinator of the College of Computer Studies to discuss the trainee’s work progress.

|  |  |
| --- | --- |
| SIGNATURE OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PRINTED NAME OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| JOB TITLE OF ACCEPTING OFFICER | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME OF COMPANY | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OFFICE ADDRESS | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TELEPHONE NUMBER/S | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMAIL ADRESS | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send this form along with the practicumer’s job description form immediately upon acceptance of the student.

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