

**UNIVERSITY OF CALOOCAN CITY**

(formerly Caloocan City Polytechnic College)

*Catleya cor. Biglang Awa Sts. 11th Ave., Caloocan City*

*Tel Nos. 310-6855 (Registrar's Office)*

*310-6843 (Academic Office)*

**COLLEGE OF LIBERAL ARTS AND SCIENCES**

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**OFFICE OF THE DEAN**

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**PARENTS' CONSENT**

January 17, 2025

I, **RODOLFO C. BORERES**, FATHER of **BORERES, JESPER M.**, a student of **Bachelor of Science in Information System**, hereby give my consent to allow my son/daughter to undergo On-the-Job Training at **COMMISSION ON AUDIT (COA)** for **10** weeks starting **MAY** to **AUGUST** with **400** required hours.

I understand that this is part of the curriculum requirement and that the training will be undertaken during weekdays.

The OJT training that my son/daughter will undertake will be covered by insurance.

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Signature over Printed Name

Parent/Guardian