



Practicum Information Sheet

Name: Makayla Cheyenne Acabado
Course: Bachelor of Science in Information Technology

Company Name: _____
Address: _____

Contact Person: _____
Position: _____
Contact Number: _____

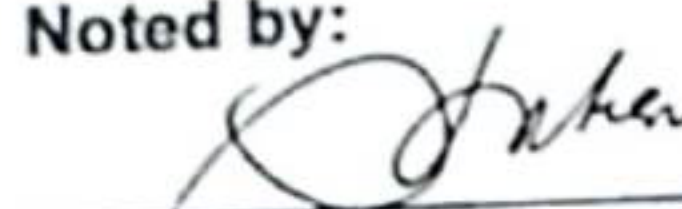
Job Description: _____

Schedule of trainings:
MON _____
TUE _____
WED _____
THU _____
FRI _____
SAT _____

Prepared by:

Practicum Supervisor

Noted by:


DOLORES L. MONTESINES
Practicum Adviser / IT Chairperson

Approved by:

PASTOR ARGUELLES, JR.
Dean, College of Computer Studies

Note: The practicum must not start training until all forms (Practicum Information Sheet and Parent's Waiver) are submitted and evaluated.