



REVISION NO.: 00
REVISION DATE: May 10, 2018

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	Carlos Miguel A. Corrales	STUDENT NUMBER	2021151217
COURSE CODE	IT199F	SY/TERM ENROLLED	2025-26 1st Term

This is to certify that Carlos Miguel A. Corrales (name of student-trainee) has been accepted for practicum at City Government of Binan, Brgy Zapote Binan Laguna (name and address of establishment) and will be attached to the _____ department/s for a minimum of, but not limited to 486 hours. Training will commence on _____ and is expected to end on _____. Attached is the list of requirements.

COMPANY REPRESENTATIVE

JENNY A. M. D. MARMIENTO

Head, City Human Resources Development Office
Signature over Printed Name

Official Designation

chrd@binan.gov.ph / 049-513-5013

Department

Email and Contact Number/s

NOTED BY

Signature over printed name of Practicum Coordinator

Date

COPY: (1) STUDENT, (2) HOST COMPANY, (3) PRACTICUM COORDINATOR

FORM OVPAA 030B

THIS FORM IS AVAILABLE AT THE OVPAA.



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