ACCEPTANCE FORM

Date: January 28, 2025

NAME OF STUDENT-INTERN: DAMIAN, MILES DAVID M.

This will ( ) allow / ( ) not allow the above-mentioned student-intern to undergo the hours of internship training in our institution.

To start on :

Schedule / Time :

**Name and Signature**

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Immediate Supervisor

|  |  |
| --- | --- |
| Position/Title : |  |
| Department : |  |
| Contact Number : |  |
| E-mail Address : |  |
| Company Name : |  |
| Address : |  |