PAMANTASAN NG LUNGSOD NG MUNTINLUPA
COLLEGE OF INFORMATION TECHNOLOGY
AND COMPUTER STUDIES

OJT WEEKLY JOURNAL

Student Name: _____   Course: _____

Put a check mark here [√] on applicable week task is covered to perform. If greater than 14 weeks, please specify

WEEK   **1   2   3   4   5   6   7   8   9   10   11   12   13   14 >14 :** _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Specify the date coverage the task will be performed. Date gap should NOT be more than 7 days.

Date Covered: From _____   To_____

Weekly Objective:
(Use another sheet and attach if necessary)

_____

_____

_____

_____

Reflection (Details of task to accomplish the objective):
(Use another sheet and attach if necessary)

DATE Started	TASK TO BE PERFORMED

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OJT WEEKLY ACCOMPLISHMENT REPORT

Student Name: _____   Course: _____

Put a check mark here [√] on applicable week task is covered to perform. If greater than 14 weeks, please specify
WEEK   1   2   3   4   5   6   7   8   9   10   11   12   13   14 >14 : _____
☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐

Specify the date coverage the task will be performed. Date gap should NOT be more than 7 days.
Date Covered: From _____   To_____

Weekly Accomplishment Report
(Use another sheet and attach if necessary)

DATE Accomplished	OUTPUT / ACCOMPLISHMENT

Realization about the task/s (values/skills/knowledge learned)
(Use another sheet and attach if necessary)

_____

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