March 5, 2025

MR. JUAN C. DELA CRUZ

OIC

Bry. Kaligayan Quezon City

Dear Sir/Maam,

Greetings!

In line with our objective to provide our students with a holistic, quality, and relevant education in all discipline, we have always emphasized a dynamic curriculum; hence, instruction is pragmatic in approach. Students are given the best training after having finished the theoretical requirements in school.

It is in this context that this office wishes to recommend**,**

**Ms. Maria De Leon,** a ***Bachelor of Science in Information Technology (BSIT)*** student to undergo training in your company, for two fifty (250) hours.

We look forward for your favorable response on this matter. Thank you for being a part of our thrust to provide the youth with quality education.

Very truly yours,

**Mr. Emerson D. Gelera**

Practicum Coordinator

*Noted by:*

**Rommel J. Constantino, DIT**

*Head, CCS/BSIT*

1044 Bestlink Building, Brgy. Sta.Monica,Quirino Highway, Novaliches, Quezon City Philippines

Tel. Nos. 02.417.4355; 02.930.1565; <http://www.bcp.edu.ph>

**ACCEPTANCE LETTER**

Date:

TO: MR. JUAN C. DELA CRUZ

OIC

Bry. Kaligayan Quezon City

This confirms the acceptance of **MS. MARIA DE LEON** as a trainee. As such, he/she will be given work exposure in the areas indicated in the enclosed job description.

This also confirms that the College of Computer Studies, Bestlink College of the Philippines, reserves the right to discontinue the internship of the above if the work exposure does not meet the requirements set by the College.

This will also confirm that our company reserves the right to discontinue the training of the above, should the student fail to meet the standards mutually agreed on by the College of Computer Studies and our company.

Further, our company agrees to set the internal company work schedule and objectives followed by the student trainee, such work schedule is to be supervised by a duly assigned officer of the company.

Lastly, the company agrees to mutually consult with the assigned practicum coordinator of the College of Computer Studies to discuss the trainee’s work progress.

SIGNATURE OF ACCEPTING OFFICER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF ACCEPTING OFFICER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB TITLE OF ACCEPTING OFFICER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COMPANY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER/S : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form along with the practicumer’s job description form immediately upon acceptance of the student.

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