

<b>REVISION NO.:</b>	00
REVISION DATE:	May 10, 2016

## 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 Rad LOVAY M. ALASTA	STUDENT NUMBER 2021/50205
COURSE CODE H199F	SY/TERM ENROLLED 2004 - 2025 /3 TEM
	(name of student-trainee) has been accepted for (name and address of establishment) partment/s for a minimum of, but not limited to 446 hours. end on 144 Attached is the list of requirements.
GINSEN TAISUT	Supernisor
Fignature over Printed Name  TPE PLOCESS ENG'S	Gilbert. yabutest. com /09182340503
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.