

ACCEPTANCE FORM
To undergo On-the-Job Training

Date : _____

This is to signify the approval of on-the-job training request allowing Ms. / Mr.
_____ a _____ student of

(Surname, First Name, MI) (Year level)
_____, from the School of _____
(Course/Degree) (Name of School)
_____, to render his / her practicum in _____,
(Company/Institution)
located at _____.
(Address)

Please be informed on the following details of his / her assignments.

Job Title	
Branch/Department/Section	
To report to	
Working hours and days	
To complete (required hours)	
Effective Date	

Noted:

Company Representative
Signature over printed name

Position

Department

Contact Number/E-mail address

Conforme:

Student Trainee
Signature over printed name