



Republic of the Philippines
CARAGA STATE UNIVERSITY

Ampayon, Butuan City 8600, Philippines

Competence Service Uprightness

OFFICE OF THE STUDENT INTERSHIP PROGRAM

Phone 09177078764
09177078713
09177078769

URL: <https://www.carsu.edu.ph>
Email Address:



ACCEPTANCE FORM
TO UNDERGO ON-THE-JOB TRAINING

Date _____

This is to certify that Mr./Ms. _____, a _____ year
Name of Student *Year Level*

_____ student in the College of _____
Program *College*

_____ campus, has been officially ACCEPTED AS OJT TRAINEE in

_____ which is located at
Name of Company

Complete Address of the Company

The details of his/her assignment are as follows:

Branch Department/Section:			
Name of Supervisor:			
Training Schedule (Hours and Days):			
Required Number of Hours:			
Effective Date of Start:			
Noted by:			
<hr/> Company Representative (Signature over Printed Name)	<hr/> (Position)	<hr/> (Department)	<hr/> (Contact Number and Email Address)
Conforme:			
<hr/> Name of Student (Signature over Printed Name)		<hr/> Name of Parents/Guardian (Signature over Printed Name)	