

REVISION NO .:	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	Charmaine Eunice I. Rabano	STUDENT NUMBER	2019162012	
COURSE CODE	CS199F	SY/TERM ENROLLED	SY 2022-2023 / 3rd term	
This is to certify that Charmaine Eunice I. Rabano				
COMPANY REPRESENTATIVE				
Sint	nature over Printed Name	Official	Designation	
	·			
	Department	Email and Co	ontact Number/s	
NOTED BY				
GONALYN & SOM		03/29/2023		
Signature over printed r	name of Practicum Coordinator	Date		
COPY: (1) STUDENT; (2) HOST COM	PANY; (3) PRACTICUM COORDINATOR		FORM OVPAA 030B	
			The Other	