



Name of Student: _____

Internship Classification: ___ Local ___ International
 ___ In-Campus
 ___ Off-Campus

Internship Modality: ___ Actual Internship ___ Virtual Internship
 ___ WFH Arrangement
 ___ Under Alternative Activities

Name of HTE: _____

Address of HTE: _____

Department/Division Assigned: _____

Prepared by:	Noted:
_____	_____
Student Intern	On-Site Supervisor