



PRACTIPRO

Online Practicum Submission Platform

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Weekly Accomplishment Report

Date Covered:

From: _____ To: _____

Name: _____ Program/Yr: _____

OJT Site: _____ Week #: _____

DATE	DESCRIPTION OF ACTIVITIES	TIME OF WORK	TOTAL HOURS
TOTAL HOURS:			

Student Trainee's Signature

Date

Company Supervisor's Signature:

Date