

NAME OF OJT	SURNAME GIVEN NAME MID INITIAL															
CONTACT NUMBER																
YR. AND SECTION																
COMPANY NAME																
SCHEDULE																
				OUTSIDE SEMINAR HOURS												
summer seminar					FIRST	SECOND	SEMINAR MAM LIWANAG				EXTRA CULLICULAR	ONSITE OJT	DEREK GRADE	DEREK HOURS	SYSTEM OR VIDEO	TOTAL
TINIO	MONIS	DAMPIOS	TOTAL	SEM	SEM	CERT OF PARTICIPATION	HOURS	CERT OF ATTENDANCE	HOURS	HOURS		HOURS				HOURS
8	8	8	24			0	0	0	0							24

SUBMITTED BY:

SUBMITTED TO :

FULL NAME WITH SIGNATURE ABOVE THE NAME

FULL NAME WITH SIGNATURE ABOVE THE NAME

LANDSCAPE PO ITO HA