

**HOLY ANGEL UNIVERSITY**  
**SCHOOL OF COMPUTING**  
Sto. Rosario St., Angeles City

**FOR: DR. FRANCISCO D. NAPALIT**

Dean, SOC

**THRU: MS. JEHAN D. BULANADI**

Practicum Coordinator, SOC

**RE: CERTIFICATE OF INTERNSHIP ACCEPTANCE**

**Dear Dr. Napalit,**

This is to certify that GABB VILL MOLINA is hereby accepted as an intern at \_\_\_\_\_ for four hundred eighty-six (486) hours or a duration of three months which shall commence from \_\_\_\_\_ with the following terms:

**REPORTING SCHEDULE:**

Monday to Friday – 8AM to 5PM (May change depending on the setup or arrangement with the company)

**REPORTING TO:**

Name:

Designation:

Email Address:

**LOCATION OF INTERNSHIP:**

**Work from Home Arrangement**

**JOB DESCRIPTION:**

**ISSUED BY:**

\_\_\_\_\_  
Name and Signature

**CONFORME:**

GABB VILL MOLINA

Student Name and Signature