HOLY ANGEL UNIVERSITY
SCHOOL OF COMPUTING

WAIVER

I, <u>IVAN CARL PINEDA DAYRIT</u>, do hereby, in compliance to the requirements of the Practicum/Internship Program of the School of Computing voluntarily undergo actual office practice in a work from home arrangements and agree with the following terms and conditions:

1. That Holy Angel University and the abovementioned establishment will not be held liable for any injury/illness/damages as a result of my negligence that may occur during my Practicum Training period.
2. I will observe the rules of etiquette at all times. I will follow the rules and regulations pertinent to practicum training as discussed by the practicum coordinator and by the supervisor during orientation.
3. I am aware that any violation of the rules and regulation and any form of misdemeanor may result to disciplinary action depending upon the gravity of the said misdemeanor.
4. I will be responsible for my acts during my training in a work from home setup and deliver the outputs expected from me given by my supervisor

CONFORME

<u> IVAN CARL P.. DAYRIT, (__/__/__) </u>
STUDENT TRAINEE
Printed Name, Signature & Date

<u>   (__/__/__) </u>
SUPERVISOR
Printed Name, Signature & Date

APPROVALS

<u> SAMPLE G. NAME, (__/__/__) </u>
STUDENT'S PARENTS
Printed Name, Signature & Date

<u>   JEH LANADI   </u>
PRACTICUM COORDINATOR
Printed Name, Signature & Date

<u>   (__/__/__) </u>
SCHOOL DEAN
Printed Name, Signature & Date

<u>   (__/__/__) </u>
DIRECTOR (COMPANY)
Printed Name, Signature & Date