



HOLY ANGEL UNIVERSITY
SCHOOL OF COMPUTING



WAIVER

I, Ben Rafael Salas, 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

BEN R.. SALAS

STUDENT TRAINEE

Printed Name, Signature & Date

SUPERVISOR

Printed Name, Signature & Date

APPROVALS

RAFAEL S. SALAS, (__/__/__)

STUDENT'S PARENTS

Printed Name, Signature & Date

JAN C LANADI

PRACTICUM COORDINATOR

Printed Name, Signature & Date

(__/__/__)

SCHOOL DEAN

Printed Name, Signature & Date

(__/__/__)

DIRECTOR (COMPANY)

Printed Name, Signature & Date