

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 Student Info Test 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:

Student Info Test

Student Name and Signature