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 <u>FRICHZ GALANG CALAGUAS</u> 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:
<mark>Work from Home Arrangement</mark>

JOB DESCRIPTION:

 ISSUED BY: **CONFORME:**

 _____   <u>FRICHZ GALANG CALAGUAS</u>

Name and Signature   Student Name and Signature