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CITY GOVERNMENT OF SAN PABLO  
**PAMANTASAN NG LUNGSOD NG SAN PABLO**

CHED Recognized Local College  
TESDA Recognized Programs  
ALCU Commission on Accreditation – Level 1 Accredited  
Member, Association of Local Colleges and Universities  
Member, Local Colleges and Universities Athletic Association, Inc.



**PRACTICUM PRE-APPLICATION FORM**

**STUDENT'S INFORMATION**

NAME : ALANGUILAN, ANN KISHALYN B.

PROGRAM : BSIT - WGD

CONTACT NUMBER : 09665578617

ADDRESS : 125 BARANGGAY STA. CATALINA  
SAN PABLO CITY, LAGUNA

EMAIL ADDRESS : bsit.alanguilan.annkishalyn@gmail.com

NATURE OF TRAINING : ON-THE-JOB TRAINING

**INSTITUTION/COMPANY'S INFORMATION**

COMPANY NAME : SANGGUNIAN PANLUNGSOD NG  
SAN PABLO

ADDRESS : 7<sup>th</sup> FLOOR, CITY GOVERNANCE BUILDING,  
A. ST., BRGY V-A, SAN PABLO CITY

SERVICES OFFERED : SECRETARIAL, RECORDS-KEEPING,  
ADMINISTRATIVE

NAME OF SUPERVISOR : MR. RUFO D. MILLAR, MBA

CONTACT NO. : (049) 562-4733

EMAIL ADDRESS : sanggunian.sanpablo@gmail.com

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**CONSENT**

I have read the provided information, or it has been read to me, I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I understand that I will be given a copy of this form, and the coordinator/s will keep another copy on file.

I give my consent and voluntarily signed this form and authorized the coordinator/s to use my data entirely for educational purposes.

Conforme

\_\_\_\_\_  
Signature over Printed Name  
INSTITUTION/COMPANY

\_\_\_\_\_  
Signature over Printed Name  
TRAINEE/STUDENT