



## PRACTICUM CONFIRMATION AND ACCEPTANCE FORM

## IMPORTANT INFORMATION

- STUDENTS ACCEPTED FOR PRACTICUM IN A HOST COMPANY WILL HAVE TO ACCOMPLISH THIS FORM.
  ASK THE PRACTICUM SUPERVISOR/ COMPANY REPRESENTATIVE TO FILL IN THE DETAILS OF THE TRAINING.
  SUBMIT TO THE PRACTICUM ADVISER/COORDINATOR PRIOR TO THE START OF TRAINING.

AME OF STUDENT Emmanuell F. Bourares	STUDENT NUMBER 2021140409
OURSE CODE IT 199 F	SY/TERM ENROLLED 2024-2025 / 3rd Tel
This is to certify that Emmanuell F. Bakares  practicum at City bovernment of Bikan, Broy, Tapate Blike  and will be attached to the FCFO department's for  Training will commence on Por 23, 2025 and is expected to end on July	name of student-trainee) has been accepted for has been accepted for has been accepted for a minimum of, but not limited to L/KU hours.
JENN AND SARMIENTO	HR pepartment Head
Signature over Printed Name  City Human Resources Development of file  Department	Official Designation  Chrol Dinon-gov-ph 1049-113-1013  Email and Contact Number/s
Adorna Dao	5/2/200 Date
Signature over printed name of Practicum Coordinator	FORM OVPAA 030
COPY: (1) STUDENT; (2) HOST COMPANY; (3) PRACTICUM COORDINATOR	THIS FORM IS AVAILABLE AT THE OVE