Republic of the Philippines

ISABELA STATE UNIVERSITY

**CONSENT OF PARENT/GUARDIAN**

I,  parent /guardian of  a student of of Isabela State University, Cabagan, Isabela, do hereby authorize my son/daughter to undergo Practicum/On-The-Job-Training as a requirement for graduation.

I agree that said Practicum / On-The-Job-Training to be taken at **COLLEGE OF COMPUTING STUDIES, INFORMATION AND COMMUNICATION TECHNOLOGY**, with the period of Four Hundred Eighty Six (486) hours. I understand that their stay or assignment is being guided with the University rules on Student Conduct and Pertinent rules, regulations, policies and standard operating procedures on the cooperating agency/office.

I further agree to shoulder all personal and incidental expenses incurred by him/her while undergoing the Practicum/On-The-Job-Training. The University and the cooperating agency/office shall not be held responsible for any untoward incident pertaining there to. It is understood that the concerned officials shall take precautionary measures to safeguard the interest of the student trainee.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Parent/Guardian

ISUCab-ICT-CoP-046

Effectivity: January 14, 2019

Revision: 0