**INTERNSHIP CHECKLIST**

**Bachelor of Science in Information Technology**

major in **Web and Mobile Technologies**

Second Semester, SY 2024-2025

Name (LN, FN, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year /Section: \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Requirements before Deployment** | **Code** | **Remarks** | **Submitted** | |
| **Yes** | **No** |
| 1 | Application for internship | INT-01 |  |  |  |
| 2 | Internship fee receipt (P200) |  | Photocopy |  |  |
| 3 | Internship resume | INT-11 | Attach 2x2 picture |  |  |
| 4 | Certification of units earned for practicum/internship | INT-02 |  |  |  |
| 5 | Certificate of Good Moral Character |  | Photocopy; from Guidance and Testing unit; do not include receipt |  |  |
| 6 | Curriculum checklist |  | Photocopy of prescribed curriculum signed by the evaluator/in-charge |  |  |
| 7 | Certificate of registration |  | Photocopy; signed |  |  |
| 8 | Medical certificate with pregnancy test certification |  | Pregnancy test is for female students only; bring your own pregnancy test kit |  |  |
| 9 | Medical exams results |  | Photocopy of urinalysis, hematology test, fecalysis\*, xray test, etc.; valid for 6 months |  |  |
| 10 | Medical examination report (medical and health forms) | FM-AA- MDS-02 | Photocopy; from clinic through instructors |  |  |
| 11 | Drug test result |  | Photocopy; valid for 6 months |  |  |
| 12 | Psychological test result |  | Photocopy; valid for 1 year |  |  |
| 13 | Pre-internship deployment seminar certificate |  |  |  |  |
| 14 | Consent and waiver | INT-03 | Attached photocopy of guardian’s ID (signed after photocopying); attached CTC or Cedula |  |  |
| 15 | Endorsement letter | INT-06 | Should have submitted letter of intent and pre-endorsement letter;  1 personal and 1 HTE copy |  |  |
| 16 | Internship Training Agreement | INT-12 | 2 Original copies; notarized;  1 personal and 1 HTE copy |  |  |
| 17 | Memorandum of Agreement | INT-10 | 5 original (HTE, PSU Main, Coordinator; Instructor and leader); Notarized |  |  |
| 18 | Training Agreement and Liability Waiver Form | INT-18 | Original; notarized;  1 personal and 1 HTE copy;  For overtime purposes only |  |  |
| 19 | Internship Release form | INT-15 | Start from the date of deployment |  |  |
| 20 | Internship Timeframe | INT-17 | Start from the date of deployment; use forecasting method |  |  |
| 21 | Directory of Student Interns | INT-05 | Photocopy/printed; to be given by instructor through class presidents |  |  |
| 22 | Master List of Student | INT-09 | Photocopy/printed; to be given by instructor |  |  |
| 23 | Master List of Partner Industries | INT-08 | Photocopy/printed; to be given by instructor |  |  |

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| **No.** | **Requirements after Internship** | **Code** | **Remarks** | **Submitted** | |
| **Yes** | **No** |
| 1 | Internship Site Monitoring Report | INT-16 | Photocopy; to be accomplished by the instructor |  |  |
| 2 | Certificate of completion |  | Photocopy; to be given by the HTE |  |  |
| 3 | Internship Evaluation Form | INT-13 |  |  |  |
| 4 | Training Supervisor’s Feedback Form | INT-21 |  |  |  |
| 5 | Narrative report |  | Free verse but will include learning, participation and interaction, challenges, accomplishment and contribution, output and input, impact to field of specialization, conclusions and recommendations |  |  |
| 6 | Documentation (pictures) |  | Put captions;  Attach pictures of pre-orientation and deployment |  |  |
| 7 | Daily time record |  | Original; If photocopied (must be signed and certified) |  |  |
| 8 | Practicum Weekly Report | INT-19 |  |  |  |
| 9 | Student-intern’s Feedback Form | INT-20 |  |  |  |
| 10 | Evaluation instrument of PSU partner agencies (instructor) | INT-23a | To be accomplished by instructor |  |  |
| 11 | Evaluation instrument of PSU partner agencies (supervisor) | INT-23b | To be accomplished by supervisor |  |  |
| 12 | Evaluation instrument of PSU partner agencies (student) | INT-23c | To be accomplished by student |  |  |

*Revised by Dr. CPPintes/01172025*