**San Beda College Alabang**

**College of Arts and Sciences**

**Student Internship Program**

**Agreement**

The Student Internship Program (SIP) is a CHED-mandated course included in the present academic programs of San Beda College Alabang – College of Arts and Sciences (SBCA-CAS).

The undersigned is a person of legal age and a bonafide student of San Beda College Alabang about to take his/her internship in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SBCA-CAS has provided him/her with all the knowledge necessary concerning this academic requirement; thus, accede to the following statements:

1. The undersigned shall abide by all the rules and regulations of SBCA-CAS as stated in the Student Handbook especially the rules and regulations pertaining to internship, for the training hours rendered to be credited. Any falsehood made, in connection with the internship program, shall be a ground for disciplinary action and/or non-crediting of the training hours rendered.
2. The undersigned shall abide by all the applicable rules and regulations of the company or organization where he/she will be doing his/her internship;
3. The undersigned shall endeavor not to tarnish the name and reputation of San Beda College Alabang through his/her conduct during his/her internship;
4. The undersigned shall inform his/her parent/s or guardian/s and obtain the proper consent if he/she is required to work overtime and/or outside of the premises of the company or organization, and shall give a copy of the consent to the SIP Office; and
5. The undersigned understands that San Beda College Alabang, or any of its administrators, faculty and/or staff, shall not be liable for any contingency attributable to the fault or negligence of the student or any fortuitous event.

We, the student and parent/guardian, by signing our names show our conformity, commitment and acceptance of this agreement.

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Signature over printed name of student Signature over printed name of parent/guardian

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Date Date