

PRACTICUM CONFIRMATION AND ACCEPTANCE FORM

IMPORTANT INFORMATION

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

NAME OF STUDENT	SAUTIAGO, RANTE NATHAVIEL M.	STUDENT NUMBER 2021 160 212
COURSE CODE	IT144F	SY/TERM ENROLLED 2024 - 2028 /3rd 3c/m
This is to certify that		
COMPANY REPRESENTATIVE		
JENNY ANNE B. SARMIENTO Head, City Human Resources Development Office Signature over Printed Name		HEAD OF CHROO
CITY HUMAN RESOURCES PEVELOPEMENTS OFFICE Department		Chrd a binan gov. ph / 049 - 513 - 5012 Email and Contact Number/s
NOTED BY		
Admin 100 Signature over printed name of Practicum Coordinator		5/2/2008 Date
COPY: (1) STUDENT; (2) HOST COMPANY; (3) PRACTICUM COORDINATOR		
		THIS FORM IS AVAILABLE AT THE OVPAA