

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 Sebastian Carlos N. Pelino	STUDENT NUMBER	202115/615	
OURSE CODE IT 199F	SY/TERM ENROLLED	2629 - 2025/3rdT	
his is to certify that Sebastian Carlos Pelino racticum at City Government of Binan/Brgy 20 nd will be attached to the 100 department raining will commence on April 22, 1025 and is expected to end on	(name of student-train afore City of Bill wyname a this for a minimum of, but not limited July 11, 2025. Attached is the list	ee) has been accepted for address of establishment) to 486 hours. of requirements.	
OMPANY REPRESENTATIVE LETURA AND SARMIENTO			
Head, City Human Resources Davelopment Office Signature over Printed Name		Official Designation	
Départment		Chrd Doinan gov. ph / 149 - 513 - 5013 Email and Contact Number/s	
NOTED BY	©!	11/2008	
Signature over printed name of Practicum Coordinator		Date FORM OVPAA 0306	
OPY: (1) STUDENT; (2) HOST GOMPANY; (3) PRACTICING COORDINATOR		THIS FORM IS AVAILABLE AT THE OVPA	