



ACCEPTANCEFORM

TO UNDERGO ON-THE-JOB TRAINING

Date

This is to certify that Mr./Ms. , a year

Name of Student Year Level

studentin the College of

ProgramCollege

- campus, has been officiallyACCEPTED AS OJT TRAINEE in

Campus

which is located at

Name of Company

Complete Address of the Company

The details of his/her assignment are as follows:

Branch Department/Section:			
Name of Supervisor:			
Training Schedule (Hours and Days):			
Required Number of Hours:			
Effective Date of Start:			
Noted by:			
<div>Company Representative (Signature over Printed Name)</div>	<div>(Position)</div>	<div>(Department)</div>	<div>(Contact Number and Email Address)</div>
Conforme:			
<div>Name of Student (Signature over Printed Name)</div>	<div>Name of Parent/Guardian (Signature over Printed Name)</div>		