

PARENT/GUARDIAN CONSENT FOR INTERNSHIP

Name of Student:	Course & Year:
Address:	Contact No.:
I have understand the information about to Community Immersion Program of the Cothe Urdaneta City University and give my,the permission to part	llege of Criminal Justice Education of son/daughter,rticipate and comply in the said
duties as stated under the guiding policy of Memorandum Order no. 37, Series of 2019 City University Guidelines on the conduct Criminilogy students.	9 in accordance with the Urdaneta
I Also understand that my son/daughter must fulfil and complete all the requirements and tasks from the Host Training Establishment and University.	
Name & Signature of Parent/Guardian Date & Time signed Contact Number Email Address (if available)	:
Noted by:	
DALE JUSTINE S. BAUZON, R CRIM OIC-OJT Coordinator, CCJE	

OSWALDO P. LAPENA, MS CRIM

Deputy Program Head, CCJE

ROMEO M. CAPUDOY, II R CRIM

Program Head, CCJE

JOSEPH D. MIRANDA, MS CRIM

Dead, CCJE