

College of Criminal Justice

Education

**UNIVERSITY**

**URDANETA CITY**

Owned and operated by the City Government of Urdaneta

**PARENT/GUARDIAN CONSENT FOR INTERNSHIP**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have understand the information about the On-The-Job Training and Community Immersion Program of the College of Criminal Justice Education of the Urdaneta City University and give my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,the permission to participate and comply in the said duties as stated under the guiding policy of the course under CHED Memorandum Order no. 37, Series of 2019 in accordance with the Urdaneta City University Guidelines on the conduct of off-campus Internship for Criminilogy students.

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