



CENTER FOR LINKAGES AND PLACEMENT  
UNIFORM EXEMPTION REQUEST FORM

Student-Intern's Information

Student Name: \_\_\_\_\_  
*Last Name, First Name, Middle Name*

Student Number: \_\_\_\_\_ College: \_\_\_\_\_ Program: \_\_\_\_\_

Yr&Sec: \_\_\_\_\_ Degree: \_\_ Bachelor's \_\_ Associate \_\_ Diploma Semester \_\_ 1st \_\_ 2nd \_\_ Summer AY: 20\_\_ - 20\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Training Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_ Supervisor's Mobile No: \_\_\_\_\_

Reason details:

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Exception Request: \_\_\_\_\_ Attachments: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ [ ] Completely signed Recommendation and Acceptance Letter

Student Declaration

I understand that this exemption applies only during days when I come directly from my OJT site. I agree to wear appropriate and presentable attire that aligns with the university's dress code. I also acknowledge that failure to comply may result in the revocation of this exception.

\_\_\_\_\_  
*Student's Signature over printed name* *Date*

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Noted by: \_\_\_\_\_

Ms. CYNTHIA MARGARETTA R. JOSE *Director* Date: \_\_\_\_\_

FOR CENTER FOR STUDENT FORMATION AND DISCIPLINE USE ONLY

Approval Status: [ ] Approved [ ] Disapproved

Approved by: \_\_\_\_\_

Assoc. Prof. POMPEYO C. ADAMOS III *Director* Date: \_\_\_\_\_