



ACCEPTANCE FORM
TO UNDERGO ON-THE-JOB TRAINING

_____ Date

This is to certify that Mr./Ms. _____, a _____ year
Name of Student *Year Level*

_____ student in the College of _____
Program *College*

- _____ campus, has been officially **ACCEPTED 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:	_____ (Position)	_____ (Department)	_____ (Contact Number and Email Address)
Conforme:			
_____ Name of Student (Signature over Printed Name)		_____ Name of Parent/Guardian (Signature over Printed Name)	